P17000050638

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: CCG CORP OF B	ROWARD		
DOCUMENT NUM	D 1700000000			
The enclosed Article	es of Amendment and fee are su	abmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	ELISHA CARRIO			
		Name of Contact Perso	n	
	CCG CORP OF BROWARE	D,INC		
		Firm/ Company	·	
	2456 PROVENCE CT	- Company		
		Address	-	
WESTON, FL 33327				
		City/ State and Zip Cod	c	
ERG	C214zj@AOLCOM			
	E-mail address: (to be u.	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
ELISHA CARRIO		954325478. at (3	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check i	for the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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CCG	COI	Q C	OF	DD.	αw	A D D
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(Name of Corporation as cu	rrently filed with the Florida I	Dept. of State)
P17000050638		
(Document Nun	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corporatio</i>	on adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corpe" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevia	" or "Co". A professional cor,	
B. Enter new principal office address, if applicable:		TAC: 19
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		PR U
		2 2 -
		SS
C. P		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		77
(maining maintest <u>partition of the Box</u>)		17, 8
		
D. If amending the registered agent and/or registered office		name of the
new registered agent and/or the new registered office ad	ldress:	
Name of New Registered Agent		
		
(CL.	ida street address)	
(Fior	iau sireei auaress)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A loreby accept the appointment as registered agent. I am fam	Agent:	1
i neveoy accept the appointment as registered agent. I am jam	mar with and accept the obligat	tions of the position,
Signature of i	New Registered Agent, if changing	na
Signature of t	тен меданеген преш, у спинуп	¹¹ δ

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	ELISHA CARRIO	2456 PROVENCE CT
Add			WESTON, FL 33327
Remove			
2) Change	<u>s</u>	LOUIS CARRIO	2456 PROVENCE CT
X Add			WESTON, FL 33327
Remove			
3) Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be	nter change(s) specific)			
	, _		-	
		-	······································	
				<u> </u>
				
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		/		
		(
				
an amendment provides for an exchange, i	eclassification	, or cancellation	of issued share	<u>s.</u>
Provides tot an exchange,	t if not contair	ed in the amend	ment itself:	
provisions for implementing the amendmen				
(if not applicable, indicate N/A)				
provisions for implementing the amendmen				
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The day of the second	04-18-2019	
The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	, 11
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder zetic hareholder	
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and chareholder	
04-18-201 Dated	9	
Signature	115/2 Carrier	
selecte	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	ELISHA CARRIO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	