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SECRETARY OF STATE

A. Butter

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Complete	Restoration of C	Central FL Inc	) •
DOCUMENT NU	Diigonopoeneee		
The enclosed Artic	des of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	Rondy Martin		
		Name of Contact Person	n
	Complete Restoration of Complete Restoration	entral FI Inc	
		Firm/ Company	
	1540 International Pkwy St	e 200	
		Address	
	Lake Mary FI 32746		
	<u> </u>	City/ State and Zip Cod	e
	rmartin@crocft.com		
		ed for future annual report	notification)
	ation concerning this matter, pleas		
Rondy Martin		at (at (	<i>→</i>
Na	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	k for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	E \$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		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

Complete Restoration of Central FI Inc

FILED

·	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State) 2021 AUG -2 AM 7: 59
8000050655	1921 HOR -5 HM 1: 59
(Document Number	of Corporation (if known) SEUNE (ANY OF STATE TALLAHASSEE, FI
rsuant to the provisions of section 607.1006, Florida Statutes, thi Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the corporation:	
	The new
ne must be distinguishable and contain the word "corporation," ac.," or Co.," or the designation "Corp," "Inc," or "Co". nartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
Enter new principal office address, if applicable:	1540 International Pkwy Ste 200
incipal office address <u>MUST BE A STREET ADDRESS</u> )	Lake Mary FL 32746
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office ad	ldress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
w Registered Agent's Signature, if changing Registered Agen	nt;
ereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
-· /	
12 1	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jos	nes	
_X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	Address
1)Change		_		<del></del>
Add				
Remove				
2) Change		<del>_</del>		
Add				
Remove 3) Change		_	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	-	<b></b>		
Add				
Remove				
6) Change		_		
Add		_		
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	<del></del> ,
lf an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	<u>.</u>

•

The date of each amendment(s date this document was signed.	adoption:, if other than
Effective date if applicable:	
Elective date it appurable.	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	at for the amendment(s) was/were sufficient for approval
by	(voling group)
	(voting group)
7 <i>/</i> 20 <i>/</i> 21	
Dated	
Signature	Dat-
sele	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 med fiduciary by that fiduciary)
	Rondy Martin
	(Typed or printed name of person signing)
	President
	(Title of person signing)