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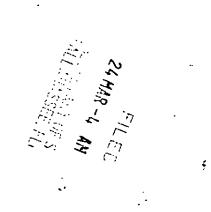
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
J. HORNE MAR 2 1 2024				

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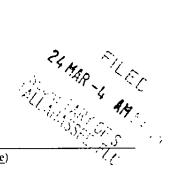
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FACILITIES ADV	SORS FLORIDA, INC.	
DOCUMENT NUMI	P18000052393		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	PIERRE A. DEL ROSARIO		
		Name of Contact Person	
	CAPITAL RESERVE ADVIS	SORS	
		Firm/ Company	
	14502 N DALE MABRY HV	VY SUITE 200	
		Address	
	TAMPA / FL/ 33618		
		City/ State and Zip Code	
	pierre@capitalreserveadvisor	s.com	
	E-mail address: (to be us	ed for future annual report	notification)
	on concerning this matter, pleas	(012)	
PIERRE A DEL ROSARIO		at (de & Daytime Telephone Number
Name	of Contact Person	Area Coo	ie & Daytine Telephone Number
Enclosed is a check fi	or the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	' \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



FACILITIES ADVISORS FLORIDA INC.

P18000052393 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following a its Articles of Incorporation:	mendment(s) to
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following a	mendment(s) to
	mendment(s) to
A. If amending name, enter the new name of the corporation:	
CAPITAL RESERVE ADVISORS Co.	he new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain t "chartered," "professional association," or the abbreviation "P.A."	"Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_ _
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	
(City) (Zip Cod	de)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	

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 Doe	
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) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dding additional As l sheets, if necessary)	. (Be specific)				
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lf an amendmei	nt provides for an e	xchange, reclassifi	cation, or cance	llation of issued	shares,	
provisions for	implementing the a	mendment <u>if not c</u>	cation, or cance ontained in the	llation of issued amendment itsel	<u>shares,</u> lf:	
provisions for	nt provides for an eximplementing the a licable, indicate N/A)	mendment <u>if not c</u>	cation, or cance ontained in the	llation of issued amendment itsel	shares, if:	
provisions for	implementing the a	mendment <u>if not c</u>	cation, or cance contained in the	llation of issued amendment itsel	shares, lf:	
provisions for	implementing the a	mendment <u>if not c</u>	cation, or cance contained in the	llation of issued amendment itsel	shares, lf:	
provisions for	implementing the a	mendment <u>if not c</u>	cation, or cance contained in the	llation of issued amendment itsel	shares, lf:	
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provisions for	implementing the a	mendment <u>if not c</u>	cation, or cance ontained in the	llation of issued amendment itsel	shares, If:	

01/01/2024	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
01/01/2024	
Effective date if applicable: (no more than 90 days after an	vendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of volby the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups the separately provided for each voting group entitled to vote separately	oups. The following statement y on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by	
(voting group)	
Signature (By a director, president of other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary) PIERRE A DEL ROSARIO (Typed or printed name of person	Reciver, trustee, or other court
PRESIDENT	
<u></u>	
(Title of person signing)	

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