# P18000062124

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SECRETARY OF STATE

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# **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CAPITAL TRUST	SERVICE, INC		
DOCUMENT NUMBI	P18000062124			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	NATALIE RAY			
<del>-</del>	·	Name of Contact Perso	n	
	CAPITAL TRUS	ST SERVICE, INC	1	
_		Firm/ Company		
	4301 S FLAMIN	IGO RD SUITE 106-181		
_		Address		
	DAVIE, FL 333.	30		4.0
_	·	City/ State and Zip Coc	le	7. 0.38
	CAPITALTRUS	T100@GMAIL.COM		7.LV
_	E-mail address: (to be us	sed for future annual repor	t notification)	EE
For further information	concerning this matter, plea	se cali:		ETAKY OF SI LAHASSEE, F
NATALIE RAY		954 at (	548-8107	_ FYE
Name of	Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. I	ng Address diment Section son of Corporations Box 6327 massee, FL 32314	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303	

## Articles of Amendment to Articles of Incorporation of

# CAPITAL TRUST SERVICE, INC

(Name of Corporation as currer	ntly filed with the Florida Dept	. of State)		
P18000062124				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation ad	opts the followin	ig amendm	ient(s)
A. If amending name, enter the new name of the corporation:				
	N/A		The ne	w.
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation no	or the abbreviation or the abbreviation ame must contain	on "Corp., in the wor	··d
B. Enter new principal office address, if applicable:	4301 S FLAMINGO RD			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	SUITE 106-181			
	DAVIE, FL 33330			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4301 S FLAMINGO RD		SECR	2023 AP
	SUITE 106-181		구크	ق ا
	DAVIE, FL 33330		表 2 2 2	w
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.	<u>:ss:</u>	ne ofithe	F STATE	PH 12: 31
Name of New Registered Agent	N/A	<del> </del>		
(Florida	street address)			
New Registered Office Address:	N/A	, Florida		
	(City)	(Zip	Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligation.	s 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 (1	1) (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:

1

(Attach additional sheets, if necessary)

Remove

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)	Title	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			,
2) Change		N/A	2023 SEC TA
Add			_ TI T =
Remove Change		N/A	- <del>5</del> & 1
Add			
Remove			
4) Change	-	N/A	<u> </u>
Add			
Remove			<del></del>
5) Change		N/A	<del></del>
Add			<u> </u>
Remove			
6) Change		N/A 	
Add			-

N/A	
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•	، بن
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	<u>'n</u> : (**)
provisions for implementing the amendment if not contained in the amendment itself:	ŧ
(if not applicable, indicate N/A)	
N/A	
	<del></del>
	<del></del>

	N/A	
The date of each amendr		, if other than the
date this document was sig		
Effective date <u>if applicab</u>	N/A	
interive date in apprecia	(no more than 90 days after amendment file date)	
	I in this block does not meet the applicable statutory filing requirements, then the Department of State's records,	his date will not be listed as the
Adoption of Amendment	(s) ( <u>CHECK ONE</u> )	
The amendment(s) was action was not required	/were adopted by the incorporators, or board of directors without shareholde	er action and shareholder
	were adopted by the shareholders. The number of votes east for the amendas/were sufficient for approval.	ment(s)
must be separately pro	/were approved by the shareholders through voting groups. The following stowided for each voting group entitled to vote separately on the amendment(s) votes cast for the amendment(s) was/were sufficient for approval	
<u> </u>	(voting group)	
Dated	03/27/2023	2023 APR SECRET TALL
<u></u>	MalalieRay	59 % :
Signatur	maran Lay	至 3
,	(By a director, president or other officer - it prectors or officers have not selected, by an incorporator - if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
	NATALIE RAY	FATE 31
	(Typed or printed name of person signing)	·
	PRESIDENT	
	(Title of person signing)	<del></del>