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COVER LETTER

TO: Amendment Section

Division of Corporations

DOCUMENT NUMBER: 7180000 82559 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carlos Parea

Name of Contact Person Firm/ Company 3210 45Th ST Sw Address Lehigh Acres, Ed 33976 City/ State and Zip Code (| Derec 007 @ quai | Com
| address: (to be used for future annual report notification) For further information concerning this matter, please call: Carlos Purea at (239) 309-8381

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee **□**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CJC Solveion Inc			
	on as currently filed with the Flo	orida Dept. of State)	
P18000082559			
(Docum	nent Number of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corp	poration adopts the following amendmen	nt(s) to
A. If amending name, enter the new name of the co			
Prime Time Restorations I	nc	The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	." "Inc." or "Co". A profession	"incorporated" or the abbreviation	
B. Enter new principal office address, if applicable	<u></u>		
(Principal office address MUST BE A STREET ADD	<u>DRESS</u>)	ರ್ಣ ≠	
		<u> </u>	77
C. Enter new mailing address, if applicable:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	F. 70	[18] 273
		PR.	U
)	
D. If amending the registered agent and/or register new registered agent and/or the new registered		er the name of the	
Name of New Registered Agent			
Name of New Registered Agent			
	(Florida street address)		
	gravitation and the state of th		
New Registered Office Address:	(Citv)	, Florida (Zip Code)	
	(444)	(, -)	
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered agent.	I am familiar with and accept the	obligations of the position.	
Simil	atura of Now Rogistered Agent if	changing	

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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
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				

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
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If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	er
Dated 10/04/2018	
Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	