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SECRETARY OF STATE
TALLAHASSEE, FLORID

NOV 0 7 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CHIMNEY DOCT	ORS OF AMERIC	A COF	RP
DOCUMENT NUMB				
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	nondence concerning this ma	tter to the following:		
,	JOSEPH SCHMITZ			
-		Name of Contact	Persor	1
-		Firm/ Comp	any	
	12378 SW 82 AVE			
-		Address		
I	MIAMI / FL 33156			
-		City/ State and Z	ip Code	,
JSCH	MITZ@EXPATCPA.NET			
 	E-mail address: (to be us	sed for future annual	report	notification)
For further information	concerning this matter, pleas	se call;		
JOSEPH SCHMITZ		at (05	975 - 5798
Name o	Contact Person	Area Code & Daytime Telephone N		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florid	la Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copy enclosed)		☐S52.50 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			Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CHIMNEY DOCTORS OF AMERICA CORP

(Name of Corporation as currently	filed with the Florida Dept, of State)			
P18000088791				
(Document Number of C	Torporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the fol	lowing ame	ndmer	nt(s) t
A. If amending name, enter the new name of the corporation: CHIMNEY DOCTORS OF AMERICAS CORP		The	new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name	the abbrev	iation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEGNETAN TALLAHASS	- NOW -	F
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the	E STATE	AH 8: II	OB.
(Florida stree	t address)			
New Registered Office Address:	, Florida	·—		
10	luy)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the posi	tion.		
Signature of New Rea	nistored 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	PT	John Do	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	ones .	
<u>X</u> Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<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				

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The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
0		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ea	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/29/20 Dated		
Signature		
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	MARCEL NEWBERG	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	