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2018 NOV 26 PM 2: 18

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF COR	PORATION: C3 GREEN ENTE	ERPRISE, P.A				
DOCUMENT NU	JMBER: P18000091181					
	cles of Amendment and fee are so	ubmitted for filing.				
Please return all co	orrespondence concerning this ma	atter to the following:				
	MAURO SCATTOLINI					
	Name of Contact Person					
	C & M CPA, LLC					
	Firm/ Company					
	175 SW 7TH STREET STE	• •				
	Address					
	MIAMI, FL 33130					
		City/ State and Zip Cod	e			
Λ.	1AURO@CANDMCPA.COM					
		sed for future annual report	notification)			
	inter todays, to oc a	oca for mane annual report	notineation,			
For further inform	ation concerning this matter, plea	se call:				
MAURO G SCATTOLINI		at (517- 3791			
Na	me of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fee	☐\$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		Amend Divisio Clifton	Address Iment Section on of Corporations Building yeartive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 NOV 26 PM 2: 18

C3 GREEN ENTERPRISE, P.A.

(Name of Corporation	as currently filed with	the Florida Dept. of State)
P	18000091181	TALLAHASSÉÉ, FL
(Documen	t Number of Corporatio	n (if known)
Pursuant to the provisions of section 607,1006, Florida St ts Articles of Incorporation:	atutes, this <i>Florida Pro</i>	fit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	oration:	
		Thenew
name must be distinguishable and contain the word ' "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"Inc," or "Co". A pro	ny," or "incorporated" or the abbreviation ofessional corporation name must contain the
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered new registered agent and/or the new registered off 		da, enter the name of the
None of New Parist and Land		
Name of New Registered Agent		
	(Florida street address)	
	The field street taken to so	
New Registered Office Address:	#'inu	, Florida
	(City)	(Zip Code)
iew Registered Agent's Signature, if changing Registe		
hereby accept the appointment as registered agent. I a	m familiar with and acc	ept the obligations of the position.
Signatu	re of New Registered As	zent 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 <math>PTO

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 Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
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				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
CHANGE BUSINESS PURPOSE TO INSURANCE	
,	
· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
()	

	10/29/2018	, if other than the
The date of each amendment		If Other than the
date this document was signed.		
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date when Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement ad 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
11/16 Dated	/2018	
Signature	Christian Capen Colazza	
	by a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
aŗ	opointed fiduciary by that fiduciary)	
	CHRISTIAN CAPON COLAZZA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	