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Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: C.R.G. SERVICES	S INC	
DOCUMENT NUM	BER: P18000092318		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Camilo Rodriguez		
		Name of Contact Person	n
	C.R.G. SERVICES INC.		
		Firm/ Company	
	3120 N Pine Island Rd Apa	rt 203	
		Address	
	Sunrise, FL, 33351		
		City/ State and Zip Cod	e
rod.e	camilo@ymail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	en call:	
TOT IMPURE IMPORTANT	on concerning this matter, piea.	se can.	
Camilo Rodriguez		347 at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or 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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment to Articles of Incorporation of

P18000092318 (Name of Corporation as currently find the P18000092318) (Document Number of Co	
***************************************	led with the Florida Dept. of State)
(Document Number of Co	
	prporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation '. A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3120 N Pine Island Rd
(Principal office address MUST RE A STREET ADDRESS)	Apartment 203
	Sunrise, Fl. 33351 ==
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3120 N Pine Island Rd
	Apartment 203
-	Sunrise, Fl. 33351
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	
3120 N Pine Island Rd Apar	1 203
(Florida street o	iddress)
Sunrise	, Florida 33351
New Registered Office Address:	v) (Zip Code)

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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	p	Camilo Rodriguez	3120 N Pine Island Rd Apart 203
Add			Sunrise, FI, 33351
Remove			
2) Change			
Add			
Remove			
3) Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			-
6) Change			
Add			
Remove			

,	(Be specific)		
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provisions for implementing the ame	hange, reclassification, on endment if not contained	or cancellation of issued I in the amendment itse	d shares, eff:
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provisions for implementing the ame	hange, reclassification, endment if not contained	d in the amendment itso	e <u>ff:</u>

	11/30/2018	if ather then th
The date of each amendment(s) adop date this document was signed.	tion:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this atment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendmen cient for approval.	t(s)
The amendment(s) was/were approving the separately provided for ea	ved by the shareholders through voting groups. The following states ch voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and sharehol	lder
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
11/30/2018		
Dated		
Signature	\mathcal{A}	
Signature (By a dire	ctor, president or other officer - if directors or officers have not bee	en
selected.	by an incorporator – if in the hands of a receiver, trustee, or other co	
appointed	fiduciary by that fiduciary)	
C	amilo Rodriguez	
_	(Typed or printed name of person signing)	
121	resident	
	(Title of person signing)	