P18000092318

(Requestor's Name)
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilioss Ellity Nollie)
(Document Number)
Certified Copies Certificates of Status
Constitution of Filips Officer
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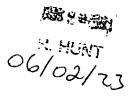
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: C.R.G. Services In	c	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Camilo Rodriguez		
•		Name of Contact Person	1
	C.R.G. Services Inc		
•		Firm/ Company	
	1850 sw 42 av		
	<u>.</u>	Address	
	Fort Lauderdale, Fl, 33317		
		City/ State and Zip Code	
	rod.camilo@ymail.com		
	- '	sed for future annual report	notification)
For further information Camilo Rodriguez	n concerning this matter, pleas	se call:	624 2230
Name o	of Contact Person	at (Area Co	de & Daytime Telephone Number
	the following amount made		
S35 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 ?	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

		rida Dept. of State)
18000092318	,	,
(Document Number	of Corporation (if kno	wn)
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corpo	pration adopts the following amendment
. If amending name, enter the new name of the corporation:		
nucco Max Inc		The new
ame 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 corpo	porated" or the abbreviation "Corp.," oration name must contain the word
. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ARY O
(Maning address MATE DE /TT OBT OTTTOE DON)		EFS 3 D
		O1 FL
. If amending the registered agent and/or registered office ad		r the name of the
. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		r the name of the
		r the name of the
new registered agent and/or the new registered office addre		r the name of the
Name of New Registered Agent No Name of New Registered Agent		r the name of the
Name of New Registered Agent Note: Name of New Registered Agent	<u></u>	r the name of the

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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:

(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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
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			<u> </u>

/A	cessary). (Be specific	hange(s) here: c)		
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		rification or cancellat	ion of iccurd charge	
If an amendment arouides fo	r an avahanga raclas			
provisions for implementing	the amendment if no	ot contained in the ame	endment itself:	
provisions for implementing (if not applicable, indicate	the amendment if no	ot contained in the ame	endment itself:	
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provisions for implementing (if not applicable, indicate	the amendment if no	ot contained in the amo	endment itself:	
If an amendment provides for provisions for implementing (if not applicable, indicated).	the amendment if no	ot contained in the amo	endment itself:	
provisions for implementing (if not applicable, indicate	the amendment if no	ot contained in the amo	endment itself:	
provisions for implementing (if not applicable, indicate	the amendment if no	ot contained in the amo	endment itself:	

•

	5/30/2023	:Cashar than tha
The date of each amendment(s) as date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder as	ction and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	nt(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following state each 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)	
5/30/2023		
Dated		
Signature	17/	
(By a d	rector, president or other officer – if directors or officers have not bee l, by an incorporator – if in the hands of a receiver, trustee, or other coed fiduciary by that fiduciary)	
	Camilo Rodriguez	
	(Typed or printed name of person signing)	
	Owner	
	(Title of person signing)	