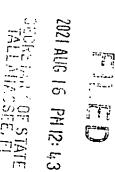
P19000031122

	(Req	uestor's N	ame)		
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Special Instruction	s to Fi	iling Office	er:		

Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: CRISTI FLEMING, INC DOCUMENT NUMBER: P19000031122 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CRISTI COLA Name of Contact Person CRISTI COLA, INC Firm/ Company 1155 WITHLACOOCHEE STREET Address SAFETY HARBOR, FL 34695 City/ State and Zip Code CRISTIC1119@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CRISTI COLA at (727) 418-8202

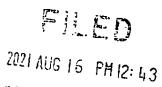
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fce & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional 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 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



CRISTI FLEMING, INC

P19000031122	Corporation as currently filed with the	
P19000031122	Corporation as carrent; mea	Florida Dept. of State) / OF STATE
		MALLANY CORE, FILE
	(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit</i> 6	Corporation adopts the following amendment(s
A. If amending name, enter the new nar	me of the corporation:	
CRISTI COLA, INC		The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	orp," "Inc," or "Co". A professional	incorporated" or the abbreviation "Corp.," corporation name must contain the word
3. Enter new principal office address, it Principal office address <u>MUST BE A ST</u>		
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		
If amending the registered agent and new registered agent and/or the new	l/or registered office address in Florida, registered office address:	enter the name of the
Name of New Registered Agent	CRISTI COLA	
	1155 WITHLACOOCHEE STREET	
-	(Florida street address)	
Non-Books and OVE or Address	SAFETY HARBOR	, Florida
New Registered Office Address:		

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)

Example:

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>\$V</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PRESID	CRISTI COLA	1155 WITHLACOOCHEE ST
Add			SAFETY HARBOR, FL 34695
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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) N/A	E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
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)		
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	provisions for implementing the ame	ndment if not contained in the amendment itself:
		

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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 the document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder as	ction and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendmes sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	meni
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	3/10/2021	
Signature		
(By sele	a director, president or other officer – if directors or officers have not beected, by an incorporator – if in the hands of a receiver, trustee, or other continted fiduciary by that fiduciary)	
	CRISTI COLA	
	(Typed or printed name of person signing)	
	PRESIDENT, CRISTI COLA, INC	
	(Title of person signing)	

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