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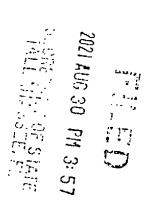
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(Business Entity Name)
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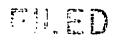
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CBS44 INVESTS	MENT & REPAIRS CORP	
DOCUMENT NUMBER: P19000037872		
The enclosed Articles of Amendment and fee are st	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
BELISARIO, IVAN A		
	Name of Contact Persor	1
	Firm/ Company	-1
	Address	
13509 PARK LAKE DR	City/ State and Zip Code	2
TAMPA, FL 33168 E-mail address: (to be to be further information concerning this matter, pleases)	used for future annual report	notification)
BELISARIO, IVAN A	at (786) 6425216
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 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 The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



CBS44 INVESTMENT & REPAIRS CORP

(Name of Corporation as	currently filed with the Florida D	epillinskie 30 PM 3: 57
P19000037872		. PS-1 OF STATE
(Document)	Number of Corporation (if known)	FILEN SEE, FL
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation	adopts the following amendme
A. If amending name, enter the new name of the corpor	ration:	T I
name must be distinguishable and contain the word "corpor" lnc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviation	"Co". A professional corporation	The new d' or the abbreviation "Corp.," a name must contain the word
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		name of the
Name of New Registered Agent		
	Florida street address)	
New Registered Office Address:	(City)	, Florida
	iciņi,	(rap couc)
New Registered Agent's Signature, if changing Register	red Agent:	
Thereby accept the appointment as registered agent. I am	familiar with and accept the obligat	ions of the position.
Signature	of New Registered Agent, if changin	g

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, nam 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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. T. 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 C. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>12T</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	SV	FARINAS, FELIX JOSE	186 NW 106TH ST
Add	<u></u>		MIAMI SHORES, FL. 33150
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary	rticles, enter cha). (Be specific)			
•	, .			
	<u>.</u>			
				<u>.</u>
.				
				. <u> </u>
				
				
		 		
f an amendment provides for an ex	change, reclassi	fication, or cancella	ation of issued sha	res,
provisions for implementing the a	mendment if not	contained in the ar	nendment itself:	
(if not applicable, indicate N/A)				
	<u></u>			
				-

	08/25/2021	
The date of each amendment(s) ad date this document was signed.	option:	, if other tha
-	5/2021	
Effective date it applicable.	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing repartment of State's records.	quirements, this date will not be listed a
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors with	out shareholder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast ficient for approval.	for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the	ne following statement amendment(s):
"The number of votes cast i	or the amendment(s) was/were sufficient for approv	al
by		
	(voting group)	
08/25/2021	_	
DatedSignature		
(By a di	rector, president or other officer – if directors or offi , by an incorporator – if in the hands of a receiver, to	
	ed fiduciary by that fiduciary)	usice, or other count
	IVAN BELISARIO	
	(Typed or printed name of person signing	(1)
	PRESIDENT	
•	(Title of person signing)	