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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	ESTMENT INC.		
DOCUMENT NUM	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	SHARON SALVADOR, MB	A		
		Name of Contact Persor	1	
	CTIP-FIRST INVESTMENT INC			
		Firm/ Company		
	37 PASSAIC STREET			
		Address		
	GARFIELD, NJ 07026			
		City/ State and Zip Code	2	
	SSALVADOR@CTIP-USA.			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
SHARON SALVAD	OR	973 at (760-7155	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	
P.O. Box 6327 Tallahassee FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

CTIP-FIRST INVESTMENT INC

7 7 11:15

(Name of Corporation as cu	rrently filed with the Fl	orida Dept. of State)
P19000085804		
(Document Nun	nber of Corporation (if ki	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes ts Articles of Incorporation:	s, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s) t
A. If amending name, enter the new name of the corporati	on:	
		The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	'o". A professional cor	orporated" or the abbreviation "Corp.," poration name must contain the word
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	ì	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office at	e address in Florida, en ddress:	ter the name of the
Name of New Registered Agent		
(Flo	rida street address)	
Name Burietaned Office Address		, Florida
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent:	abligations of the position
i hereby accept the appointment as registered agent. Tam jun	пишт мин ана ассерт те	ongulous of the position.
Signature of	New Registered Agent, if	changing
01 1 14 11 - 11 -		
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.

Example: <u>X</u> Change	PT J	ohn Doe		
X Remove	<u>V</u> <u>N</u>	Mike Jones		
X Add	<u>sv</u> <u>s</u>	ally Smith		
Type of Action Check One)	<u>Title</u>	<u>Name</u>	Address	
i) Change	<u>D</u>	CHANG, RICK	265 WEST 37TH STREET	
Add			16TH FLOOR	
X Remove			NEW YORK, NY 10018	
Change	D	CHANG, MILLIE	265 WEST 37TH STREET	
/ S Add			16TH FLOOR	
X Remove	_		NEW YORK, NY 10018	
) Change	D	LI, HELEN	265 WEST 37TH STREET	
Add			16TH FLOOR	
X Remove			NEW YORK, NY 10018	
X Change	CHAIR	JEFFERY JONES	37 PASSAIC STREET	
Add			GARFIELD, NJ 07026	
Remove			27 DA CCALC CTREET	
) Change	D	SULTAN ALI RASHED LOOTAH	37 PASSAIC STREET	
X Add			GARFIELD, NJ 07026	
Remove				
) Change	D	JOSE HERNANDEZ	37 PASSAIC STREET	
X Add			GARFIELD, NJ 07026	
Remove				

Attachment to additions of Board of Directors:

7) ADD D LORENZO GIOMBINI 37 PASSAIC STREET, GARFIELD, NJ 07026 8) ADD D DARIO VIDAL, ESQ 37 PASSAIC STREET, GARFIELD, NJ 07026 9) ADD D BILL VANNASING 37 PASSAIC STREET, GARFIELD, NJ 07026

A APPAIRTMENT FOR OF BOARS	AD OF DIRECTORS MAY BE DROWING BY BEOLIEFT AS LICTUR IN
,	RD OF DIRECTORS MAY BE PROVIDED BY REQUEST AS LISTED IN
OCKHOLDER RESOLUT	TION #002-2020 AND CORRESPONDING SECRETARY'S CERTIFICATE
provisions for implemen	es for an exchange, reclassification, or cancellation of issued shares, nting the amendment if not contained in the amendment itself:
(if not applicable, ind	dicate N/A)
· · · · · · · · · · · · · · · · · · ·	

SEPTEMBER 17, 2020 ption:	, if other than the
(no more than 90 days after amendment file date)	
ck does not meet the applicable statutory filing requirements, this datertment of State's records.	e will not be listed as the
(CHECK ONE)	
ed by the incorporators, or board of directors without shareholder actio	n and sharcholder
ed by the shareholders. The number of votes cast for the amendment(s cient for approval.)
ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	nt
the amendment(s) was/were sufficient for approval	
(voting group)	
anon Lawador	
ctor, president or other officer - if directors or officers have not been	
by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
IARON SALVADOR	
(Typed or printed name of person signing)	
DRPORATE SECRETARY/ACTING TREASURER	
	(no more than 90 days after amendment file date) k does not meet the applicable statutory filing requirements, this dat riment of State's records. (CHECK ONE) ed by the incorporators, or board of directors without shareholder action and by the shareholders. The number of votes cast for the amendment(scient for approval. I wed by the shareholders through voting groups. The following statements woting group entitled to vote separately on the amendment(s): (voting group) (voting group) (voting group) ARON SALVADOR (Typed or printed name of person signing)

(Title of person signing)