## P19 000090490

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	09/17/2001004
(Business Entity Name)	
(Document Number)	
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## COVER LETTER

TO: Amendment Section

Division of Cor	porations	•		
NAME OF CORPO	ORATION: Crafted Compliance	ce. Incorporated		
DOCUMENT NUM				
The enclosed A <i>rticle</i>	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	Stephen H. Strater			
	Crafted Compliance, Incor	Name of Contact Persor	1	
	•	Firm/ Company	•	
	65 Emerald Oaks Lanc			
		Address	1247777	
	Ormond Beach, FL 32174			
	_	City/ State and Zip Code	2	
	steve.strater@craftedcomplia	ance com		
	<del>-</del>	sed for future annual report	notification)	
			,	
For further informati	on concerning this matter, plea-	se call:		
Nina Strater		at (	5028224	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:	
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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee	
Та	llahassee, FL 32314	2415 N. Monroe Street, Suite 810		

## Articles of Amendment to Articles of Incorporation of

to

Crafted Compliance, IncorpuRATED

(Name of Corporati	ion as currently filed with the F	lorida Dept. of State)	
PI	14 000090490	)	
(Docur	ment Number of Corporation (if k	(nown)	
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	la Statutes, this <i>Florida Profit Co</i>	rporation adopts the following	ing amendment(
A. If amending name, enter the new name of the c	erporation:		
N/A			The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbro	." or "Co". A professional co		tion "Corp.,"
3. Enter new principal office address, if applicable	e:		
Principal office address MUST BE A STREET AD			
		17.7 <b></b>	<del></del>
			Pad Ca
			. •
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0X)		
	<del></del>	<del></del>	<del>-</del>
	·		<u>-</u> _
			<u></u>
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered</li> </ol>		iter the name of the	cu.
N/A			
Name of New Registered Agent			_
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip	Code)
New Registered Agent's Signature, if changing Reg			
hereby accept the appointment as registered agent.	I am familiar with and accept the	e obligations of the position.	
Sign	nature of New Registered Agent, if	chanving	<del>-</del>
, ,			
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s.	607.0120 (11) (c). 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>	John Doe	
X Remove	<u>y</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	TS	Jamie Beth Maragas	17 Lochwind
X Add			Ormond Beach, FL
Remove			32174
2) Change	CEO	Stephen Henry Strater	65 Emerald Oaks Lane
X Add			Ormond Beach, FL 32174
Remove 3 ) Change	V	Nina Strater	65 Emerald Oaks Lane Ormond Beach, FL
X Add			32174
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	additional sheet.	s, if necessary).	t <mark>icles, enter cha</mark> (Be specific)	nestal nel C.			
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if an an	nendment nrov	ides for an excl	hanna raclassif	ication or conce	llation of issued :	chorac	
provisi	ions for implen	nenting the ame	endment if not o	contained in the	amendment itsel	f:	
(if	not applicable,	indicate N/A)				<del>-</del>	
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, tepartment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amend ifficient for approval.	ment(s)
	proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s)	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	<u>.</u>	
	(voting group)	
09/13/2020 Dated	24 M144	
Signature (By a d	irector, president or other officer – if directors or officers have not	 been
selecte	d, by an incorporator - if in the hands of a receiver, trustee, or othe	
арроіл	ted fiduciary by that fiduciary)	
	Stephen H. Strater	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·