P20000045486

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COVER LETTER

TO: Amendment Section '
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	implete Corporate Solutions Inc.
DOCUMENT NUMBER: _ PZOS	000045486
The enclosed Articles of Amendment ar	nd fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
E-mail addre	Name of Contact Person OMPLE CONTACT Solutions Inc. Firm/ Company SSIS.W. 149th Ct Address Mami FL. 3319b City/ State and Zip Code All (CS4006mail): Com All (CS4006mail): Com
For further information concerning this	matter, please call:
Same of Contact Person	mm0140 at (305) S01-6199 Area Code & Daytime Telephone Number
	nount made payable to the Florida Department of State:
S35 Filing Fee □S43.75 Fil Certificate	ling Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee
Mailing Address Amendment Section Division of Corporation P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

Complete Coloniate Solution	NS INC.	
(Name of Corporation as currently fi	led with the Florida Dept. of State)	
P200000 454	86	
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the foll-	owing amendment(s) to
A. If amending name, enter the new name of the corporation:	NJA	The new
name must be distinguishable and contain the word "corporation," "com "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."		viation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	13818 SW 152nd Miami FC 3317	1 Street (Sixe 74)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	2623
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
Name of New Registered Agent		
(Florida street	address)	
March Devices and AMS and Albania	. Florida	
New Registered Office Address:(Ci.		(Zip Code)
	and accept the obligations of the posit	ion.
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>PT</u> X Change John Doe X Remove \underline{V} Mike Jones <u>SV</u> Sally Smith <u>X</u> Add <u>Addres</u>s Type of Action <u>Title</u> Name 1 (Check One) Gaetano Maminolia 115815, W. 148th Ct 1) ____ Change Migmi FL 33196 Remove 2) ____ Change ____ Add

Remove 3) ____ Change

___ Add

4) ____ Change

51 ____ Change

6) ____ Change

__. Add

Remove

___ Add

_ Remove

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__ Remove

tach additional sheets, if necessary). (1	Be specific)	\		
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in amendment provides for an exchangovisions for implementing the amenda	ge, reclassification, or o ment if not contained in	cancellation of issued s o the amendment itself	<u>snares,</u> <u>f:</u>	
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The date of each amendment(s) adoption: date this document was signed.	9/15/2020	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this block does r document's effective date on the Department of	not meet the applicable statutory filing requirer f State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the approval.	: amendment(s)
	ne shareholders through voting groups. The foll g group entitled to vote separately on the amend	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	ting group)	
(vo.	ting group)	
Dated	2010	
selected, by an inc	sident or other officer – if directors or officers he orporator – if in the hands of a receiver, trustee, y by that fiduciary)	ave not been, or other court
_()4	(Typed or printed name of person signing)	
	Tresident (Title of person signing)	
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