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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: CREATIVE HITECH CREW, INC. DOCUMENT NUMBER: P20000049783 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CEDRIC BAGES Name of Contact Person CREATIVE HITECH CREW, INC. Firm/ Company 18152 SW 33 RD STREET Address MIRAMAR, FL 33029 City/ State and Zip Code CEDRICBAGES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CEDRIC BAGES at (954) 681-29-2020
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: □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee **\$35** Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address Amendment Section** Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CREATIVE HITECH CREW . INC

(Name of Cornoration as curt	rently filed with the Florida Dept. of State)	
P20000049783		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the fol	llowing amendment(s)
A. If amending name, enter the new name of the corporation	<u>n:</u>	
		The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "F	". A professional corporation name must of	eviation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2026
		<u> </u>
		
C. Enter new mailing address, if applicable:		! ! !
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		<u>ب</u>
		~
		<u>.</u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		
Name of New Registered Agent	-	
/Flori	da street address)	
(Fibric	uu sireet uuuress)	
New Registered Office Address:	, Florida (City)	(Zip Code)
	(City)	(inp cour)
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the pos	ition.
Signature of N	lew Registered Agent, if changing	<u>.</u>
Check if applicable		
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: X Change PT John Doe Mike Jones X Remove <u>X</u> Add <u>SV</u> Sally Smith Address Type of Action <u>Title</u> Name 1 (Check One) NATANAEL RODRIGUEZ-DOMIN 18152 SW 33 RD STREET 1) ____ Change MIRAMAR, FL 33029 Add __ Remove BERNARDO MOSQUEA REYES 18152 SW 33 RD STREET 2) ____ Change MIRAMAR, FL 33029 Add Remove 3) ____ Change __ Add ____ Remove 4) ____ Change ____ Add Remove 5) ____ Change ___ Add __ Remove 6) ____ Change __ Add Remove

	ending or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific) E IV
CEDRIC	BAGES (PD) - 50%
NATAN	AEL RODRIGUEZ-DOMINGUEZ (V) - 30%
BERNAF	RDO MOSQUEA REYES (V) - 20%
F. <u>If an :</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: If not applicable, indicate N/A)

07/17/2020 , if other than the The date of each amendment(s) adoption: ______ date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) 07/17/2020 Dated Signature (By a director, president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) **CEDRIC BAGES** (Typed or printed name of person signing) PD (Title of person signing)