P21000027810

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SECRETARY OF STATE
TALLAHASSEE, FL

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Will !

COVER LETTER

TO: Amendment Section Division of Corporations

	PRATION: C & E Consulting Ventures Inc				
DOCUMENT NUM	IBER: P21000027810				
The enclosed Article	s of Amendment and fee are submitted for filing.				
Please return all corr	espondence concerning this matter to the following:				
	John T. Ankner, Esq.				
	Name of Contact Person				
	Saunders and Ankner Attorneys				
	Firm/ Company				
	7380 W Sand Lake Road, Suite 500				
	Address				
	Orlando, Florida 32819				
	City/ State and Zip Code				
	colson@caringtransitions.com				
	E-mail address: (to be used for future annual report notification)				
For further informati	on concerning this matter, please call:				
John T. Ankner, Esq	at (
Name	of Contact Person Area Code & Daytime Telephone Number				

Mailing Address

\$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

☐\$43.75 Filling Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment Articles of Incorporation \mathbf{of}

C & E Consulting Ventures Inc.

(Name	of Corporation as currently file	ed with the Florida Dept. of State)	-
P21000027810			
-	(Document Number of Cor	poration (if known)	
Pursuant to the provisions of section 60 (its Articles of Incorporation:	7.1006, Florida Statutes, this <i>Flori</i>	da Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new i	name of the corporation:		
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp," "Inc," or "Co". A pro	any," or "incorporated" or the abbrevic fessional corporation name must com	The new atton "Corp.," tain the word
B. Enter new principal office address Principal office address <u>MUST BE A.</u>	, if applicable: STREET ADDRESS)		
2. Enter new mailing address, if app (Mailing address MAY BE A POST)	OFFICE BOX) and/or registered office address in	ı Florida, enter the name of the	20.
new registered agent and/or the ne	w registered office address:		2024 AUG SECRETA TALLA
Name of New Registered Agent	Carly Olson		
	185 Drennen Road, Suite 333		22 HAND
New Registered Office Address:	(Florida street ada Orlando (Cuv)	. Florida 32806	22 PH 1:
iew Registered Agent's Signature, if c	hanging Registered Agent	(г.)	AIE -
hereby accept the appointment as regist	ered agent. Tam familiar with at	nd accept the obligations of the position ed Agent, if changing	:

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.

X Change	$\underline{\mathbf{PT}}$	John Doe	
X Remove	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Erik Olson	185 Drennen Road, Suite 333
Add			Orlando, FL 32806
X Remove			
2) Change	DIR	Erik Olson	185 Drennen Road, Suite 333
Add			Orlando, FL 32806
X Remove 3 Change	P	Carly Olson	185 Drennen Road, Suite 333
X Add			Orlando, FL 32806
Remove			SECT A
4) Change			AUL AUL
Add			NHASSEE.
Remove			
5) Change			
Add			TE
Remove			
5) Change		-	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

77 1 4 6 1 4 4	08/19/24	
The date of each amendment(s) add date this document was signed.	ption:	if other than the
08/19/	724	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and	shareholder
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):	
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected, t	etor, 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)	_
Er	ik Olson	
_	(Typed or printed name of person signing)	
Pr	esident	TA F
	(Title of person signing)	2024 AUG 22 PH 1: SECRETARY OF STALLAHASSEE.

PH 1: 12 OF STATE SSEE, FL