P22000011131

Office Use Only



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COVER LETTER

Division of Corporations	
NAME OF CORPORATION:	2899911131
DOCUMENT NUMBER:	2 \$ 9 9 9 1 1 1 3 1
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	
Gen	Name of Contact Person eto Complete Tuc Firm/ Company
	Name of Contact Person
("ONTO	eto Complete TNC
	Firm/ Company
2009	E. LAKIVIOW ITE.
Se5AS	E, LAKI VIEW Dre. Address TIAN FL 32958 City/ State and Zip Code
	City/ State and Zip Code
Love	broomefla yahoo. Com used for future annual report notification)
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
Gene Broome	at (772) 7/3-6478 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	de payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



September 15, 2022

CONFORTO COMPLETE INC. 2009 E. LAKEVIEW DR SEBASTIAN, FL 32958

SUBJECT: CONFORTO COMPLETE INC

Ref. Number: P22000011131

We have received your document for CONFORTO COMPLETE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 322A00020605

www.sunbiz.org

10/13/22-Reserve Entire LAW FIRM NAMED I fom D- Entire LAW FIRM NAMED

FOR DESITED ROGISTOROD AGENT.

District of Comparations D.O. DOV 6297 Mallahagean Florida 29214

Articles of Amendment

to
Articles of Incorporation

Conforto	Complote THE
	filed with the Florida Dept. of State)
P 2.2 \$ \$ \$	1/1/3/
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
SAME.	The new
name must be distinguishable and contain the word "corporation," "co". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	2009 E. LAKEVIEW DR.
(Principal office address MUST BE A STREET ADDRESS)	SEGNSTIAN, FL
	32958
C. Enter new mailing address, if applicable:	00 hay 2001-1
(Mailing address MAY BE A POST OFFICE BOX)	40 DOX 18013 B
	SP5/1STIAN, FLB
	52978
D. If amending the registered agent and/or registered office address	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	zy Roomey PA
Name of New Registered Agent Nordey & Registered Agent 1 17	3nth St
15 17 20 76 Florida stre	et address)
Voice Beach, 1232960 (Florida stre	exeh . Florida 32960
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
\wedge \wedge	
V Man Ka	
Signature of New Re	gstered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c	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 D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	<u>SV</u> <u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	CEO	Corald m HARRIS	NO PARA PLE Winnipog, MANITONA
Add	7		Winnipog MANITONA
Remove			R3P 2E3
2) Change	CEO	GENE Brooms	2009 E. LAKOVION DA
Add			SEDASTIAN, FL
Remove 3) Change	CFO	Flizabeth Howlett	32958
Add			715 SW Aline Ct. Pullman, WA 99163
Remove		,	Pullman, WA 99163
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		7	
Remove			

n adaitional shee	ts, if necess	ary). (Be specific)	<u>re</u> :	
ONLY	FOC	RESIGNATION	of Geral's n	n. HARRELS
				
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<u>isions for impler</u>	menting the	amendment if not contained	r cancellation of issued shares, in the amendment itself:	
if not applicable,	, maicate (v)	А)		
Design	NATIO	NOT GOLDI	d m HARRI	<
7	(D 2)	turn of St	d m. HARRI.	
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VE /	1-01	nt Koziana	TION LATTOC	もルイバクモレー

The date of each amendment(s) adoption: _date this document was signed.	JUNO 10, 2072	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date wind of State's records.	ill not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	7027
by	voting group)	2022 OCT
(V	poting group)	$\frac{1}{2}$
	/ /	. <u> </u>
Dated	10/2022	ATI IZ:
//): 30)::107
Signature (By a director pr	ésident or other officer – if directors or officers have not been	<u>»</u> O
selected, by an ir	acorporator – if in the hands of a receiver, trustee, or other court	
	ary by that fiduciary)	
	& ENE BROOME	
	(Typed or printed name of person signing)	
	Es President	
	(Title of person signing)	