P22000052091

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: CTH Restorations Inc. DOCUMENT NUMBER: _ P22000 5209 / The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TERESA MUSICK
Name of Contact Person CTM Restorations Inc.
Firm/ Company

16065 S Hwy 441 Ste 103

Address Summerfield FL 34491
City/ State and Zip Code teresu @ ctmresto. com
laddress: (to be used for future annual report notification) For further information concerning this matter, please call: TERESA MUSICK at 352, 789-5581

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed)

Mailing Address

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

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

is enclosed)

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Articles of Amendment Articles of Incorporation

CTM RESTORATIONS I	NC
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(Name of Corporation as curre	ently filed with the Florida Dept. of Sta	<u>ite</u>)		
P220000520	091			
(Document Number	er of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts th	e following amendment(s) t		
A. If amending name, enter the new name of the corporation	<u>:</u>			
N/A		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 "P.	. A professional corporation name m .4. $^{\circ}$	ust contain the word		
B. Enter new principal office address, if applicable:	16065 S Hwy	441 STE 103		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUMMERFIELD I	16065 S Hwy 441, STE 103 SUMMERFIELD FL 34491		
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office and registered agent and/or the new registered office address 				
	 n/ /Δ	**************************************		
Name of New Registered Agent	<u> </u>	,		
(l'Iorid	a street address)			
·		٠.		
New Registered Office Address:	, Floric (City)	(Zip Code)		
		1		
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	tent: iar with and accept the obligations of the	position.		
	N/A w Registered Agent, if changing			
Signature of Ne	w Registered 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 = ChiefExecutive 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 Doc	
X Remove	V Mike Jones	
_X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change	CEO TERESA MUSICK	3799 SE HWY 42 SHMMERFIELD FL 3449
Add Remove 2) Change Add	CED JAMES R SHROPSHIRE	11712 PINELOCH LOOP CLERMONT FL 34711
Remove Change Add	PRES ERIN SHROPSHIRE	CLERMONT FL 34711
Remove 4) Change Add		
Remove 5)ChangeAdd		
Remove 6) Change Add		
Remove		

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			N/A			
						
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'an umandmant	provides for an exc	shanga paclaci	sification or car	eellation of icen	od chame	
provisions for im	plementing the am	endment if no	t contained in th	ie amendment i	tself:	
(if not applica	plementing the amable, indicate N/A)					
		N	/ A			
		/				
						<u></u>
·					<u> </u>	

The date of each amendment(s) adde this document was signed.	adoption:	N/A	, if other than the
Effective date if applicable:	(no in	N/A wore than 90 days after amendment fil	e date)
Note: If the date inserted in this document's effective date on the E	block does not meet Department of State's	t the applicable statutory filing requi s records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK (</u>	<u>ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorpo	orators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the sharehout sufficient for approve	holders. The number of votes cast for ral.	the amendment(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the share or each voting group	cholders through voting groups. The jointified to vote separately on the am	following statement endment(s):
"The number of votes ca	st for the amendment	nt(s) was/were sufficient for approval	
by	(voting gro	oun)	
Dated_OCT Signature(By a select	Mesa Mudirector, president of ted, by an incorporate inted fiduciary by the TERES (Types)	and or other officer – if directors or officer tor – if in the hands of a receiver, trus at fiduciary) A MUSICK d or printed name of person signing)	tee, or other court
	(Title	of person signing)	