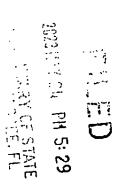
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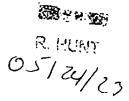
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COVER LETTER

TO: Amendment Section Division of Corporations

. . . •

NAME OF CORPO	RATION: NOTA BUILDER:	S GROUP, INC.			
DOCUMENT NUM	BER: P23000003578				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Clifford Manuel III				
		Name of Contact Person			
		Firm/ Company			
	966 Candlelight Blvd				
		Address			
	Brooksville, FL 34601				
		City/ State and Zip Code			
	Ford.Manuel@outlook.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Clifford Manuel III		at (352	5851222		
Name	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee L Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NOTA BUILDERS GROUP, INC.

Land State of

(Name of Corporation as curre	ntly filed with the Florid	Dept. of State)		
P23000003578				
(Document Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is <i>Florida Profit Corpora</i>	tion adopts the follo	wing amendr	ment(s) to
A. If amending name, enter the new name of the corporation:				
CEA DEVELOPMENT, INC.			The ne	ew
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 corpora			
B. Enter new principal office address, if applicable:	NA		- 13 - 13	
(Principal office address MUST BE A STREET ADDRESS)	/			T }
			.; .; .	- ·
				_{
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12/1	الماران	र्य य	
(Walling address MATT BE ATTOST OT LICE BOX)		7	729 ME	_
				-
	-	**		_
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.		ne name of the		
Name of New Registered Agent MA	<u> </u>			
Name of New Registered Agent				
(Florida	street address)			
New Registered Office Address:		, Florida		
	(City)		Zip Code)	_
New Registered Agent's Signature, if changing Registered Age	ent:			
I hereby accept the appointment as registered agent. I am familia		gations of the positi	on.	
Signature of New	Registered Agent, if chan	ging		

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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
I) Change		_	 	<u>.</u>
Add				<u> </u>
Remove				
2) Change		_	 	
Add				
Remove 3) Change			 	
Add				
Remove				_
4) Change			 	
Add				
Remove				
5) Change			 	
Add				
Remove				
6) Change				
Add			 	
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
NA	
10/04	
· ·	
·-	
	·
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
NA	
<u> MA</u>	

The date of each amendment(s) adoption: ______, if other than the date this document was signed. 5/9/2023 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. (CHECK ONE) Adoption of Amendment(s) 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) Signature (By a director, president or 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) (Typed or printed name of person signing) (Title of person signing)