P23000080326

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2024 FEB -9 AH 7: 0



COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Creative Solution Inovation Group Inc DOCUMENT NUMBER: P23000080326 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Charity Hilton Name of Contact Person Creative Solution Inovation Group Inc Firm/ Company 379 NE 34TH AVE Address Homestead, FL 33033 City/ State and Zip Code office.creativesolutionsgroup@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 399-8138

Area Code & Daytime Telephone Number Charity Hilton Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (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 32303

Articles of Amendment Articles of Incorporation

to Articles of In 0	corporation	FILED 2021 FEB -9 AH 7: 02
Creative Solution Inovation Group Inc		2021
(Name of Corporation as current	tly filed with the Florida Dept	of State) EB -9 AH 7. 0-
P23000080326		\$45.
	of Corporation (if known)	MILL STEE
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s <i>Florida Profit Corporation</i> ad	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Creative Solutions Innovation Group Inc		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. B. Enter new principal office address, if applicable:	A professional corporation no	or the abbreviation "Corp.," ime must contain the word
 (Principal office address MUST BE A STREET ADDRESS) 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 address 	MIA dress in Florida, enter the nan	ne of the
new registered agent and/or the new registered office addres		
Name of New Registered Agent N A	<u>.</u>	
(Florida s	treet address)	
New Registered Office Address:		, Florida
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	(City) nt: - with and accept the obligation.	· • ·

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)

Example:

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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones	Aln	
X Add	<u>sv</u>	Sally Smith	1217	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change			 	
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
NIA	
IVIA .	
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	<u> </u>
	-
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(y not appucante, maicate N/A)	
N) A	
	

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• • • •		
	February 5, 2024	20 1 1
The date of each amendment(s)	udoption:	if other than the
date this document was signed.	h \$ 2024	
Effective date if applicable:	bruary 5, 2024	
<u>,,</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this obepartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	it(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	ment
	st for the amendment(s) was/were sufficient for approval	
by Charity Hilton	10	
<u>.</u>	(voting group)	
02/05/20 Dated	24	
Signature	Hilton	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	Charity Hilton	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	