P92000003472

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COVER LETTER

Division of Corporations NAME OF CORPORATION: CTC Inturnational Cycup, Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: M. RUTH

Name of Contact Person NTERNATIONAL Firm/Company BEACH, FL City/ State and Zip Code address: (to be used for future annual report notification) For further information concerning this matter, please call: S6) 6 S - S11 |
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 Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed)

Mailing Address

TO: Amendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation of



CTC INTERNATION	AL GROUP	LINC	い 温
(Name of Corporation	as currently filed with t	he Florida Dept. of State)	
P92000034	72	***	· · · · · · · · · · · · · · · · · · ·
(Documer	t Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	atutes, this <i>Florida Profi</i>	it Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the corp	oration:		
M/A			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A prof		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR		7	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>~ </u>	A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		la, enter the name of the	
Name of New Registered Agent 215A	M. RUT	<u>H</u>	
New Registered Office Address: We	Palmatis 5 (Florida street address) Flam Bch (City)		220 33401
New Register ed Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It	ered Agent: Im familiar with and acce		sition.

Signature of New Registered Agent. if changing

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 Johr</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PICEO	LISA M. RUTH	330 CLEMATIS, Suite 200 West Pulm Bruch, Fl
AddRemove	, .		West Pulm Buun, Fl 33401
2) Change	CM	FREDERICK W. RUSTE	inning JR.
Add			·
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

, , , , , , , , , , , , , , , ,	icles, enter change(s) l (Be specific)			
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an amendment provides for an exc	hange, reclassification	. or cancellation of iss	ued shares.	
provisions for implementing the ame	endment if not contain	ed in the amendment	itself:	
movisions for uninementing the and				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)			<u> </u>	
(if not applicable, indicate N/A)			· · · · · · · · · · · · · · · · · · ·	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: 1 JANUARY 2016
Effective date if applicable: 1 2 PNO PK 7 201 Q (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.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 2 19 20 6
Signature See blein In
By 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)
LISA MARIE RUTH (Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)