P980000 36633

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations		,	چې د کې
NAME OF CORPORATION: CENTRAL DOCUMENT NUMBER: P980	FL. INT. LINV	BIMENTS INC.	6 10 m 10 00
DOCUMENT NUMBER: P988	00036633		
The enclosed Articles of Amendment and fee are su	sbmitted for filing.		5
Please return all correspondence concerning this ma	tter to the following:		
CHR157	EN SVENDSE. Name of Contact Perso	N SR.	-
C.FL.	INTIL INVESTI	WENTE, NC.	-
P.o.	Box 140 Address		_
moul	City/ State and Zip Cod	32757	_
	City/ State and Zip Cod	e	
E-mail address: (to be us	CS @ QOL. Cossed for future annual report	notification)	
For further information concerning this matter, pleas	se call:		
CHELSTEN SUENDSEN, SR	, at (407	1865 0626	
Name of Contact Person	Area Co	de & Daytime Telephone Numbe	r
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee \$\text{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	Street	Address	
Amendment Section	Amend	ment Section	
Division of Corporations Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

CENTRAL FLERISA INTIL	NUESTMENTS, INC	<u> </u>
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	1. To
P9800031	<i>t</i> 33	9. P
	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the fo	llowing amendmen
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 160, MOUNT DORA FL. 32757.	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	dress in Florida, enter the name of the	
Name of New Registered Agent	NIA	
(Florida s	treet address)	· <u>·</u>
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) it: with and accept the obligations of the posi-	(Zip Code) tion
Signature of New	N/A . 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: XChange	PT	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>	Address
1) Change	•	_ <u> </u>	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove		V	/A ,
4) Change			
Add			
Remove			\
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

ich additional sheets, if	necessary). (Be specific)		
	N/A.		
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		<u> </u>	
			<u> </u>
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			• • • • • • • • • • • • • • • • • • • •
			91. <u>8-1-</u>
		 	
			~
amendment provides	for an exchange, reclassifing the amendment if not o	ication, or cancellation	of issued shares,
(if not applicable, indi	icate N/A)	contained in the athend	ment usen.
	N/A.		
			·
·-·-			
····			

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
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 document's effective date on the Department of State's recommendation.	e applicable statutory filing requirements, this date will not be listed as thords.
Adoption of Amendment(s) (CHECK ON	<u>E</u>)
☐ The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	rs. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group ent	lers through voting groups. The following statement itled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s)	was/were sufficient for approval
by	."
(voting group,	F.
☐ The amendment(s) was/were adopted by the board of d action was not required.	irectors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporat action was not required.	ors without shareholder action and shareholder
Dated 10/15/2019	
Signature Chistin S	overden Sco
(By a director, president or ot	her officer - if directors or officers have not been
·	if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fi	luciary)
CHENET	EN SJENDSEN SR
(Typed or	printed name of person signing)
P2 E	50 EAT
 ;	(Title of person signing)