## P9800107125

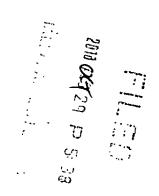
(Requestor's Name)				
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## **COVER LETTER**

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: CA-RY INDUSTRIES
Firm/Company 17433-2 ALICO CENTER ROAD JANINE @ CA-RIJ. COM

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

**Division of Corporations** 

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

## **Articles of Amendment**

to

## Articles of Incorporation of

CA-RY INI	DUSTRIES			
(Name of Corporation as currently for	led with the Florida Dept. of State)			
P9800010	7125			
(Document Number of Co	orporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fle</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)			
A. If amending name, enter the new name of the corporation:	OAME AS ABOUTING			
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.)	"company," or "incorporated" or the abbreviation - ". A professional corporation name must-contain the			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	SAME AS WERENT			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS CUPPEUT			
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	s in Florida, enter the name of the			
SAME	AS WERENT			
(Florida street	address)			
New Registered Office Address: SAME AS	ty) (In Code)			
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with				
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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	or a surface of the s	
X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	VP JENNIFER L. SNELL	17433 AUCO CENTRE PE
Add Remove		Fr. Mybes 10 3596+ 
2) Change	SEC JENNIFER L. SHELL	17433 ALICO CENTER PI F. MUERS FL 33967
Add Remove		UNIT # 2
3 ) Change Add	VP JANNE M KARRAS	FT. MYDES FL 339167
Remove		UNIT #7
4)Change	SEC JANINE M KARRAS	17433 ALICO CENTER RI FT. MUERS, FL 339167
Add		UNIT #2
5) Change		
Add		
Remove		
6) Change		
Add		
Ramova		

	isary). (Be specific)	nge(s) here:		
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provisions for implementing th	he amendment if not o	ication, or cancellation contained in the amend	of issued shares, Iment itself:	
f an amendment provides for a provisions for implementing th (if not applicable, indicate t	he amendment if not o	ication, or cancellation contained in the amend	of issued shares, Iment itself:	
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f an amendment provides for a provisions for implementing the (if not applicable, indicate in the second se	he amendment if not o	ication, or cancellation contained in the amend	n of issued shares, Iment itself:	
provisions for implementing th	he amendment if not o	ication, or cancellation contained in the amend	of issued shares, Iment itself:	

The date of each amendment(s) adoption:	NA	, if other than the
date this document was signed.		, if only marine
Effective date <u>if applicable</u> :	AJ/A	
	days after amendment file date)	
Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records.	able statutory filing requirements, t	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amend	ment(s)
☐ The amendment(s) was/were approved by the shareholders thrownust be separately provided for each voting group entitled to v		
"The number of votes cast for the amendment(s) was/were	e sufficient for approval	
by	<u>.</u>	
(voting group)		
The amendment(s) was/were adopted by the board of directors vaction was not required.	without shareholder action and share	eholder
The amendment(s) was/were adopted by the incorporators without action was not required.	out shareholder action and sharehold	der
Dated 10/24/18		
Signature Signature		
(By a director, president or other office selected, by an incorporator – if in the		
appointed fiduciary by that fiduciary)	manus of Preceiver, trustee, or othe	a court
JANIA	JE M. KARRAS	•
(Typed or printed n	name of person signing)	
TRES	SIDENT	

(Title of person signing)