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R. WHITE
APR 07 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Commercial Interio	ors, Inc.		
DOCUMENT NUM	053017			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the following:		
	Brendan Sterker			
	· · -	Name of Contact Person	n	
	Commercial Interiors, Inc.			
		Firm/ Company		
	147 2nd Ave. S., Suite 203			
		Address		
	St. Petersburg, FL 33701			
		City/ State and Zip Cod	e	
	commintinc@aol.com			
	•	sed for future annual report	notification)	
For further informati Brendan Sterker	on concerning this matter, plea	se call: at (⁸¹³	872-6100	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 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			Address	
		Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2020 |:: 26 AY 9: 05

Commercial Inte	ecibes	The filed with the Flo	rida Dept. of State)	41 9: 05
And of Corporation	n as currencry	THE WILL CITY TO	rida Depti or State)	
(Docume	ent Number of	Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this F	Florida Profit Corp	oration adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the cor	rporation:			
				The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrevi	or "Co". A			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR				
C. Enter new mailing address, if applicable:	a.			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	Ď			
D. If amending the registered agent and/or registere new registered agent and/or the new registered of			er the name of the	
Name of New Registered Agent				
	ZEL 11			
	(Florida stre	et address)		
New Registered Office Address:	(City)	, Florida_	(Lip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. 1	stered Agent:	ish and annual sha	ablications of the new	nirian
т петелу ассерсте арронитені as regisierea ageni. — 1 (am jamutar w	ин апа ассері іпе с	oougations of the po.	миол.
Signati	ure of New Re	gistered Agent, if c	hanging	

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
1) Change	C	Brendan Sterker	147 2nd Ave. S., Suite 203
XAdd			St. Petersburg, FL 33701
Remove			
2) Change	<u>C</u>	Crystal Sterker	147 2nd Ave. S., Sutie 203
X Add			St. Petersburg, FL 33701
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
	
-	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
··· — — — — — — — — — — — — — — — — — —	

.

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	2)
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharel	holder action and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the an ufficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	<u></u>	
,	(voting group)	
3/20/2020 Dated		
	laine M Sterker	
	irector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or	
	ted fiduciary by that fiduciary)	other court
	Elaine M. Sterker	
	(Typed or printed name of person signing)	
	President, CEO	
	(Title of person signing)	

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