P02000113252

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AUG 2 4 2015 C. CARROTHERS



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	C3LS, INC.			
DOCUMENT NUMBER: P02000113252				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
	Albert Rozio			
		Name of Contact Person	•	
	C3LS, INC.			
		Firm/ Company		
	901 Clint Moore Rd, Suite 941			
		Address		
	Boca Raton, FL 33487			
		City/ State and Zip Code	•	
arozi	o@c3ls.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Alber Rozio		at (⁽⁵⁶¹⁾	995-9004	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r 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)	
Ame Div P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

C3LS, INC.		;
(Name o	of Corporation as currently filed with the Florida Dept. of State)	2°\$
P02000113252		J
	(Document Number of Corporation (if known)	17 All
Pursuant to the provisions of section 607.	.1006, Florida Statutes, this Florida Profit Corporation adopts the follo	owing amendri
its Articles of Incorporation:	· · · · · · · · · · · · · · · · · · ·	(. 6167)
A. If amending name, enter the new na	ame of the corporation:	, 51 1 (22)
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa		The ne he abbreviatio tust contain th
B. Enter new principal office address, (Principal office address MUST BE A S		
		, <u></u>
		
C. Enter new mailing address, if appli		
(Mailing address MAY BE A POST	OFFICE BOX)	
D. If amonding the registered agent or	nd/or registered office address in Florida, enter the name of the	
new registered agent and/or the ne		
Name of New Registered Agent	Alberto Rozio	
name of the Registere ngem	901 Clint Moore Rd, Suite 941	
	(Florida street address)	
New Registered Office Address:	Boca Raton . Florida 334	87
NEW Registered Office Address.		(Zip Code)
N. D. I.A. I.A. II. GI		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar with and accept the obligations of the posit.	ion.
	^	
	Rolls	
	Signature of New Bossiered 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.

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)	Title	Name	<u>Addres</u> s
1) Change	CEO P	T Joseph Tadeo	
Add			
X Remove			
2) X Change	PTSD	Alberto Rozio	901 Clint Moore Rd, Suite 941
Add			Boca Raton, FL 33487
Remove			••••••••••••••••••••••••••••••••••••••
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	Be specific)		

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	11. 1		

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an amendment provides for an exchan	ge, reclassification, or cancell	ation of issued shares,	
an amendment provides for an exchange rovisions for implementing the amend (if not applicable, indicate N/A)	ge, reclassification, or cancell nent if not contained in the ar	ation of issued shares, nendment itself:	
rovisions for implementing the amend	ge, reclassification, or cancell ment if not contained in the ar	ation of issued shares, nendment itself:	
an amendment provides for an exchange of the amend (if not applicable, indicate N/A)	ge, reclassification, or cancell nent if not contained in the ar	ation of issued shares, nendment itself:	
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rovisions for implementing the amend	ge, reclassification, or cancell nent if not contained in the ar	ation of issued shares, nendment itself:	

	8/7/2015	
The date of each amendment(s) ac date this document was signed.	loption: (, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	ı
	for the amendment(s) was/were sufficient for approval	
by	(voling group)	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	- 18-15	
Signature	- 18-15 Cally	
(by a u	rector, president or other officer — if directors of difficers have not been	
	d, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	AL Rozió	
	(Typed or printed name of person signing)	
	Thrsidest	
	(Title of person signing)	