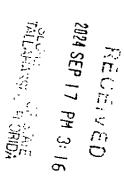
827186

(1	Requestor's Name)	
	Address)	
	Address)	
(Address)	
. (1	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Positional Entitle Manage	
(Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of S	tatus
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Special Instructions to F	iling Officer:	
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Million of the

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: CDR MAGUIRE I	NC.	_
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
:	SHIRLEY SHARON		
-		Name of Contact Persor	1
,	CDR MAGUIRE INC.		
-		Firm/ Company	
	11740 SW 80TH STREET		
-		Address	
;	MIAMI, FL 33183		
·		City/ State and Zip Code	3
	LEGAL@CDRMAGUIRE.C	COM	
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea-	se call:	
SHIRLEY SHARON		305	810-9141
Name o	f Contact Person	Area Co	de & 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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame: Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co	Address ment Section in of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CDR MAGUIRE INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
827186	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(<u></u>	
	7.
	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	egistered Agent, if changing
	· · · · · · · · · · · · · · · · · · ·

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	Р		WILLIAM R. WAGES	313 Norton Drive
X Add		_		Tallahassee, FL 32308
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Adđ				
Remove				

Attach <i>additional</i>	dding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)
	· · · · ·
	
	
<u>lf an amendment</u>	provides for an exchange, reclassification, or cancellation of issued shares,
provisions for in	nplementing the amendment if not contained in the amendment itself: vable, indicate NA)
(if not applic	cable, indicate NA)

	8/29/2024	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	20/2024	
Effective date if applicable:	29/2024	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	, "	
	(voting group)	
Septemb	er 17, 2024	
Dated		
9		
Signature	my our	
	director, president or other officer - if directors or officers have not been	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other co- inted fiduciary by that fiduciary)	art
арро	• •	
	SHIRLEY SHARON	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	