N100006170

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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PALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: COMPARENSIVE RESOURCES Solutions
DOCUMENT NUMBER: N 1100000 6170
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Meith Bankston (Name of Contact Person)
Comprehensive lesances Solutions
7567 W. Oakland Park
Lauderhill, Florida 33319 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTellshores El. 33314200 Fearth Clifton

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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	Articles of Incorporat	tion	3 I these them inst
Comprehensive (Name of Corporation as currently filed		es solution.	AUG 27 PM 1: 25
		TAL	LAHASSEE FLORIDA
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida</i>	Not For Profit Corporation ac	dopts the following
A. If amending name, enter the new name of t	he corporation:		
	NA		The new
name must be distinguishable and contain the wo "Company" or "Co." may not be used in the na		porated" or the abbreviation '	
B. Enter new principal office address, if appli	cable:		
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)	KI/A	
	···	12/11	
			
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFIC</u>	E BOX)	. 1 / ^	
	· · · · · · · · · · · · · · · · · · ·	N/4	
D. If any old and a second and a second and a		Clauda anna ala anna Cala	
 If amending the registered agent and/or re- new registered agent and/or the new regist 		torida, enter the name of the	•
Name of New Registered Agent:	4.14	7-	
Name of New Neglistered Agent.			
-	(Florida street ad	dress)	
New Registered Office Address:			
		, Florida	19911.45.0
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered ag	ent. I am familiar with and	l accept the obligations of the p	position.
·-	N/ H		
Signature	of New Registered Agent, if	changing	

Page 1 of 4

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 X Remove X Add	PT John I V Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	AS_	Joseph Moussa	2700 Atlantic Blvd Pompano Boh, Fl. 33069
2) Change			
Add			W. Correction of the Correctio
Remove 3) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

f amending or adding additional a attach additional sheets, if necessar	v). (Be specific)		
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The date of each amendment(s) adoption: 8/33/2012
Effective date if applicable: 8/33/2017
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 4/23/2013
Signature Company Comp
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Lith Bankston
(Typed or printed name of person signing)
(Title of person signing)