

N12000005980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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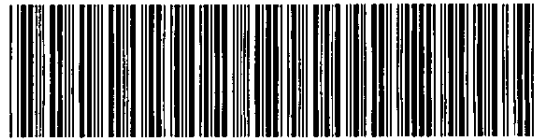
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 AUG 22 PM 4:09

SEP 6 2016

C LEWIS



Tax & Accounting

Professional Accounting Group

Main: (407) 207-5509 / Fax: (407) 207-5589 / 5738 S. Semoran Blvd. Bldg. D, Orlando FL 32822 / info@professionalaccountinggroupplc.com

August 17, 2016

VIA CERTIFIED

Secretary of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: CPC OF THE WMM-USA, INC. #N12000005980

To Amendment Section.

Enclosed you will find one Amended Articles of Incorporation for the above referenced Not For Profit Corporation #N12000005980, Please file these Amended Articles and return a copy and a certificate of amendment to this office to P.O Box 720746 Orlando, FL 32872-0746.

Thank you for your assistance and cooperation and if you have any questions, please feel free to call.

Sincerely:

David Olivencia, JSM

Cc/: CPC OF THE WMM-USA, INC.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CPC OF THE WMM-USA, INC.

DOCUMENT NUMBER: N12000005980

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Olivencia, JSM

(Name of Contact Person)

Professional Accouting Group, LLC

(Firm/ Company)

PO Box 720746

(Address)

Orlando, FL 32872-0746

(City/ State and Zip Code)

g.rodriguez@usammm.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Olivencia, JSM

407

207-5509

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2016 AUG 22 PM 4:09

CPC OD THE WMM-USA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N12000005980

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

NO CHANGE

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NO CHANGE

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O BOX 8457

GRAND RAPID, MI 49518

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

NO CHANGE

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amehnding 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>DIAZ, LUIS REV.</u>	<u>10210 NW 7TH AVE</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33150</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>VIZCAY SR, DAVID D, REV</u>	<u>10210 NW 7TH AVE</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33150</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>SANDOVAL, PABLO, REV</u>	<u>10210 NW 7TH AVE</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33150</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>GREEN, BENITO, REV</u>	<u>10210 NW 7TH AVE</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33150</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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JULY 15, 2016

The date of each amendment(s) adoption: _____ if other than the
date this document was signed. 2010 AUG 22 PM 4:09

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 17, 2016 _____

Signature Arturo Hernandez
(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)

ARTURO HERNANDEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)