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Office Use Only

(4)

COVER LETTER

TO: Amendment Section

Division of Corporations

Children and Family Social Services, Inc

NAME OF CORPORATION:

N14000003961
DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

Sumailyn Otano

(Name of Contact Person)

Children and Family Social Services, Inc.

(Firm/ Company)

4930 Palm Ave

(Address)

Hialeah, Florida, 33012

(City/ State and Zip Code)

Sumailyn@cfimmigration.com

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

For further information concerning this matter, please call:

Sumailyn Otano		at	786	2853116	TUT STOL	
	(Name of Contact Persor		(Area Code)	(Daytime Teleph	one Number) 🙃	
Enclosed is a check for the	following amount made p	ayable to the Florida E	Department of	State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	D Filing Fee icate of Status ied Copy tional Copy is used)	H 2: 05	
	ent Section of Corporations	Am Div	eet Address endment Secti ísion of Corpe e Centre of T	orations		
Tallahassee, FL 32314		241	5 N. Monroe	e Street, Suite 810)	

Tallahassee, FL 32303

Children and Family Social Services. Inc

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(Name of Corporation as currently filed with the Florid	a Dept. of State)	<u> </u>		
N14000003961					
(Document Nu	mber of Corporat	ion (if known)			
Pursuant to the provisions of section 617.1006. Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this <i>Florid</i>	a Not Før Prøfit Corpø	<i>ration</i> adopts	the follo	owing
A. If amending name, enter the new name of the corpo	ration:				
N/A				Tha	new'
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	pration" or "inco	rporated" or the abbre	viation "Corj		
B. Enter new principal office address, if applicable:	N/A				
(Principal office address <u>MUST BE A STREET ADDRE.</u>	<u>SS</u>)				
					<u> </u>
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A				
D. If amending the registered agent and/or registered o	ffica address in	Flarida, ontar the nam	no of tha		
new registered agent and/or the new registered offic		rioriua, enter the nam	<u>le of the</u>		
<u>Name of New Registered Agent</u> : <u>N/A</u>					
				5	<u>, ,</u>
		(Florida street addre:	\$\$7	39	257 AUG 14 FH
<u>New Registered Office Address</u> :					00
			, Florida		$\overline{}$
	(City)		(Zip Code)	-	~
New Registered Agent's Signature, if changing Register	ed Agent:			–	1
I hereby accept the appointment as registered agent. I am		d accept the obligations	s of the positie	$m = \frac{1}{2}$	
					i (

Signature of New Registered Agent, if changing

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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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	\underline{V} <u>Mi</u>	hn Doe ike Jones Ily Smith	
<u>Type of Action</u> (Check One)	<u>_Title</u>	<u>Name</u>	Address
1) Change Add	<u>T</u>	Piero Rodriguez	4930 Palm Ave Hialeah Fl 33012
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change Add			
3) Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			Fil 22
Remove			IAT 05

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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	TEC Da
	SECH-10 SECH-17
	, r.
The date of each amendment(s) adoption: <u>August 4, 2023</u>	SECH-FALT FIL 2: 05 FALT FIL FIL 2: 05 if other than the
date this document was signed.	
August 4, 2023	
Effective date <u>if applicable</u> : <u>August 4, 2025</u> (no more than 90 days after amendment file date)	

<u>Note:</u> 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.

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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	08/04/2023
Signatur	~ Sum him
-	(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)
	Sumailyn Otano
	(Typed or printed name of person signing)
	President

(Title of person signing)

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