

N21 000000 8745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

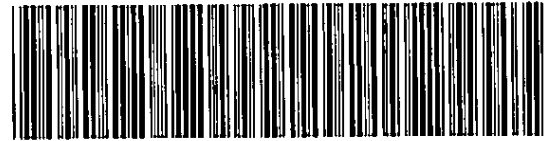
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2021 NOV 24 AM 10:01

SECRETARY OF STATE
BELLAMY, MI

* 00789, 04135, 00671

* 00789, 01169, 00707, 00671

NOV 24 2021

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CMJ Health Group INC

DOCUMENT NUMBER: N21000008745

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

Please return all correspondence concerning this matter to the following:

Cheyenne Early
(Name of Contact Person)

CMJ Health Group INC
(Firm/ Company)

111 NW 183rd Street Suite 209
(Address)

Miami Gardens, FL 33169
(City/ State and Zip Code)

Info@CMJHealthGroup.COM
(Email address: (to be used for future annual report notification))

FILED
2021 NOV 24 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Cheyenne Early at 305-776-1569
(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 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

73001 15

2021 OCT 13 AM 11:02

September 29, 2021

MACKINLEY MADHERE
CMJ HEALTH GROUP INC
111 NW 183 STREET, SUITE 209
MIAMI GARDENS, FL 33169 US

SUBJECT: CMJ HEALTH GROUP, INC
Ref. Number: N21000008745

We have received your document for CMJ HEALTH GROUP, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 721A00023545



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2021

CHEYENNE EARLY
CMJ HEALTH GROUP INC.
111 NW 183RD STREET, SUITE 209
MIAMI GARDENS, FL 33169 US

SUBJECT: CMJ HEALTH GROUP, INC
Ref. Number: N21000008745

We have received your document for CMJ HEALTH GROUP, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 421A00025648

Articles of Amendment
to
Articles of Incorporation
of

CMS Health Group INC

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

N21000008745

(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:

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)

111 NW 183rd Street

Suite 209

Miami Gardens, FL 33169

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 NW 183rd Street

Suite 209

Miami Gardens, FL 33169

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:

Cheyenne Early

111 NW 183rd Street Suite 209

(Florida street address)

New Registered Office Address:

Miami Gardens

(City)

Florida 33169

(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.

Cheyenne Early

Signature of New Registered 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.

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>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>Wackinley Madheree</u>	<u>111 NW 183 Street #209</u> <u>Miami FL 33169</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>Alex GRACIA</u>	<u>299 ALHAMBRA Circle</u> <u># 318</u>
3) <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Cheyenne Early</u>	<u>CORAL Gables FL 33134</u> <u>111 NW 183rd Street Suite 209</u> <u>Miami Gardens, FL 33169</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Telson Alfred</u>	<u>111 NW 183rd Street Suite 209</u> <u>Miami Gardens, FL 33169</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Sheere Proctor</u>	<u>111 NW 183rd Street Suite 209</u> <u>Miami Gardens, FL 33169</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

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

Lined area for text entry.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 10/13/2021

Signature Cheyenne Early
(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)

Cheyenne Early
(Typed or printed name of person signing)

President
(Title of person signing)