P10000088344

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	ORATION: CGC SOLUTION	S, INC.	
	MBER:		
	les of Amendment and fee are so	ubmitted for filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	
	Frank J. Aloia, Jr.		
		Name of Contact Perso	n
	Aloia, Roland, Lubell, & Mo	organ, PLLC	
		Firm/ Company	
	2222 Second Street		
		Address	
	Fort Myers, FL 33901		
		City/ State and Zip Cod	
	divisionofcorporation@lawd	efined com	
	•	sed for future annual report	notification)
For further informat Frank J. Aloia, Jr.	ion concerning this matter, pleas	se call: at (²³⁹	_) ⁷⁹¹⁻⁷⁹⁵⁰
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	ortment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
At Di p.,	neiling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

(<u>Name</u>	of Corporation as cui	rrently filed with the Flori	da Dept. of State)	
P00000088344				
	(Document Num	iber of Corporation (if know	/n)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes	, this <i>Florida Profit Corpor</i>	ation adopts the followi	ng amendment(s)
A. If amending name, enter the new n	name of the corporation	on:		
				The new
name must be distinguishable and contai "Inc.," or Co.," or the designation "i "chartered," "professional association,	Corp," "Inc," or "Co	". A professional corpor	orated" or the abbreviati ation name must conta	ion "Corp.," in the word
B. Enter new principal office address,			7 4 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u>~_</u>
Principal office address <u>MUST BE A S</u>	STREET ADDRESS)			
				
				<u>. </u>
. Enter new mailing address, if appl	icable:			7
(Mailing address MAY BE A POST OFFICE BOX)				·
				.)
				5
. If amending the registered agent ar	nd/or registered office	address in Florida, enter	the name of the	
new registered agent and/or the ne	w registered office add	dress:		
Name of New Registered Agent	Frank J. Aloia, Jr.			_
	2222 Second Street			
	(Flori	da street address)		_
New Registered Office Address:	Fort Myers		. Florida 33901	
		(City)	,	Code)
ew Registered Agent's Signature, if c	hanging Registered A	gent:		
hereby accept the appointment as regist	егеа адені. Тат Јаті	наг wun апа ассері іпе обі. 	igations of the position.	
	1 m	<u> </u>		
	-XX	<u> </u>		

Signature of New Registered Agent, if changing

Check if applicable

CGC SOLUTIONS, INC.

■ 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)

Example:

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> 151.</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			Address
1) Change	DVP	Wayne C	Cox		3949 Evans Avenue 403
Add					Fort Myers, FL 33901
X Remove					
2) Change					
Add					
Remove 3) Change				<u></u>	
Add					
Remove					
4) Change		-			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		.			
Add					
Remove					

<u>If a</u> (Att	unending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)	
		
		-
lf ar nre	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)	
		_
	· · · · · · · · · · · · · · · · · · ·	

The date of each afherdment(s) a date this document was signed.	doption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was were ado action was not required.	pted by the incorporators, or board of directors without shureholder as	ction and shareholder
. The amendment(s) was were ado by the shareholders was were sm	pied by the shareholders. The number of votes cast for the amendmen dicient for approval.	H(S)
The amendment(s) was were approximate be separately provided for e	oved by the snareholders through voting groups. The following state pack voting group entitled to vote separately on the amendment(s).	ment
"The number of votes east t	or the amendment(s) was/were sufficient for approval	
by		
	(Voting group)	
12/6/2023 Dated		
selected,	retor, president or other orficer—if directors or officers have not been by an incorporator—if in the hands of a receiver, trustee, or other con I fiduciary by that fiduciary)	- -
G	lenn Simon	
	(Typed or printed name of person signing)	
D	P	
	(Fitle of person signing)	