## P02000033718

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: COMMUNITY BU	JSINESS SERVICES, INC	
DOCUMENT NUM	1BER: P02000032218		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Reshaye Greenlee		
		Name of Contact Person	1
	COMMUNITY BUSINESS	SERVICES, INC	
		Firm/ Company	
	PO Box 3985		
		Address	
	Tallahassee, F.	2 32315	
	- Crocross	City/ State and Zip Code	2
	al.communitybusiness@gmai	il.co.	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Reshaye Greenlee		at ( \$50-222-69.	53,
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

COMMUNITY	DESCRIPTION	CEDVICES	IMC
I CIMIMULINITY	RUNDAN	SERVILES	TIVE.

COMMUNITY BUSINESS SERVICES.	INC		
(Name o	of Corporation as curren	tly filed with the Florida Dept. of Sta	<u>ite</u> )
P02000032218			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the	e following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
NOT APPICABLE			771
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc," or "Co".	A professional corporation name mu	The new phbreviation "Corp.,"  see contain the word
B. Enter new principal office address,	iť applicable:	NOT APPLICABLE	
(Principal office address MUST BE A S			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 3985	
		Tallahassee, FL 32315	202 SEC
		<del>-</del>	
			> = = = = = = = = = = = = = = = = = = =
D. If amending the registered agent an new registered agent and/or the new	id/or registered office ad- w registered office addre	dress in Florida, enter the name of thess:	ASSEE
	NOT APPLICABLE		
<u>Name of New Registered Agent</u>		·	- <del> </del>
		- <del> </del>	
	(Florida s	(reet address)	
New Registered Office Address:		, Florid	
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ager	nt:	
I hereby accept the appointment as regist			position.
	/ IA		
	Signature of New	Registered Agent, if changing	<del></del>

Check if applicable

☐ 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	ALYIA SMITH	
Add x Remove			SECRETALLA
2) Change	VP	PORSCHE GRIFFIN	
Add Remove 3 ) Change	VP	JAWORSKI VANCE	PO BOX 3985 7 2
X Add			TALLAHASSEE, FL 32315
Remove  A) Change	Р	AYLWIN SMITH	PO BOX 3985
Add			TALLAHASSEE, FL 32315
Remove	SVP	K LENNORRIS BARBER	PO BOX 3985
X Add			TALLAHASSEE, FL 32315
Remove  6) X Change	VP	RESHAYE GREENLEE	PO BOX 3985
Add			TALLAHASSEE, FL 32315
Ramova			

	2021 JUL 13
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The date of each amendment		, if other than the
date this document was signed Effective date <u>if applicable</u> :	3ULY 13, 2021	
mappinguise.	(no more than 90 days after amendment fil	e date)
	his block does not meet the applicable statutory filing requi he Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without:	shareholder action and shareholder
The amendment(s) was/wes by the shareholders was/w	re adopted by the shareholders. The number of votes cast for a ere sufficient for approval.	the amendment(s)
	re approved by the shareholders through voting groups. The fad for each voting group entitled to vote separately on the ame	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	<b>20</b> SE
by	(voting group)	CRET JUL
	-1	TARY July 1
Dated	7/13   Zoz.	PH 2:
Signature	Keshang St	<u> </u>
Sc	y a director, president or other officer – if directors or officers lected, by an incorporator – if in the hands of a receiver, trust spointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	

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