## P0200032218

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2021 OCT -8 PM 1: 43
SECRETARY OF STATE

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: COMMUNITY BU	JSINESS SERVICES, INC			
DOCUMENT NU	MBER: P02000032218				
	les of Amendment and fee are su	bmitted for filing.			
Please return all co	rrespondence concerning this ma	tter to the following:			
	RESHAYE GREENLEE				
	Name of Contact Person				
	COMMUNITY BUSINESS SERVICES				
	Firm/ Company				
	818 W BREVARD ST				
		Address			
	TALLAHASSEE, FL 32304				
		City/ State and Zip Code	2		
	al.communitybusiness@gma	il.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informa	tion concerning this matter, plea	se call:			
Reshaye Greenlee		at (	222-6953		
Nan	ne 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:		
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
A U P	Mailing Address Amendment Section Division of Corporations CO. Box 6327 Fallahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

COMMUNITY BUSINESS SERVICES, INC.

2021 OCT -8 PH 1:43

(Name of Corporation	on as currently filed with the Fl	orida Dept. of State
P02000032218		TALLARASSEF, FI
(Docun	nent Number of Corporation (if ki	nown)
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Co". A professional cor	orporated" or the abbreviation "Corp.," poration name must contain the word
B. Enter new principal office address, if applicable	»:	
Principal office address <u>MUST BE A STREET ADL</u>		
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	$\mathbf{W}_{0}$	
(Maning dadress MAT BE A FOST OFFICE BO	<u> </u>	<del></del>
). If amending the registered agent and/or register		ter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street address)	
	(* *** **** *** **** **** **** **** **** ****	
New Registered Office Address:	(7)	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.	<u>vistered Agent:</u> Lam familiar with and accent the	obligations of the position
nereny accept the appointment as registered agent.	Tun junitur van und decept me	ornganone of the position.
Sign	ature of New Registered Agent, if	changing
.//2/10	and a sy tree regioneres esquittey	
Check if applicable		

☐ The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (c), 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 = Fice 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.

$\underline{X}$ Change	PT John I	<u>)oe</u>	
X Remove	V → Mike.	<del>Jones</del>	
X Add	SV Sally S	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	SVP	AYLWIN SMITH	
Add			
Remove  2) X Change	P	RESHAYE GREENLEE	
Add			
Remove Change	VP	K LENNORRIS BARBER	
Add	;	·	
Remove			
4) Change Add			
Remove			
5) Change			
Add			
Remove 64 Change			
Add			
Remove			

	(Be specific)
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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	OCTOBER 5, 2021		
The date of each amendment() date this document was signed.	) adoption:	, if other	r than the
	OCTOBER 5, 2021		
Effective date <u>if applicable</u> :	tno more than 90 days	after amendment file date)	•
Note: If the date inserted in the document's effective date on the		tatutory filing requirements, this date will not be list	ted as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were action was not required.	adopted by the incorporators, or board o	of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number sufficient for approval.	per of votes cast for the amendment(s)	
	approved by the shareholders through votor each voting group entitled to vote so		
"The number of votes of	ast for the amendment(s) was/were suff	icient for approval	
by			
	(voting group)		
OCTOF	ER 5, 2021		
Dated Signature (By sele	a director, president or officer – if eted, by an incorporator – if in the hand officed fiduciary by that fiduciary)		
	RESHAYE GREENLEE		
	(Typed or printed name of	of person signing)	-
	PRESIDENT		
	(Title of person signing)		-