P05000093454

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CGPS ACCOUN	TING SERVICES INC		
DOCUMENT NUME	ER: P05000093454			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	CHRISTIAN PAZ			
		Name of Contact Person	<u> </u>	
	CGPS ACCOUNTING SE	RVICES INC		
		Firm/ Company		
	4736 GOLDEN GATE PARKWAYSUITE E			
		Address		
	NAPLES FL 34116			
		City/ State and Zip Cod	e	
CGPS	SSERVICES@GMAIL.COM	M		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	239	, 682-0495	
Name o	of Contact Person	at (<u>255</u> Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

CGPS ACCOUNTING SERVICES INC

(Name of Corporation as currently f	iled with the Florida Dept. of State)		_
P05000093454				
(Document Number of C	orporation (if known)	,	_	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the t	ollowing an	nendment(s	;)
A. If amending name, enter the new name of the corporation:				
		The		
name must be distinguishable and contain the word "corporation,' "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.,	". A professional corporation nam			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
, ,, ,, ,				
C. Farman 19. 11. 15. 15. 15.		No. 3	2	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		y :-		į
				-
			∋ 1 [1
			- -	i Ţ
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the	(C) — (C)		
new registered agent and/or the new registered office address:		<u></u>	Ę	
Name of New Registered Agent		· 		
(Florida street	address)	<u>. </u>		
New Registered Office Address:	Florida_			
(Ci	(ty)	(Zip Code	2	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent. I am familiar with	i and accept the obligations of the pe	sition.		
Signature of New Rev.	istered 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: X Change	<u>PT</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>	<u>Addres</u> s
1) Change	VP	PAOLA URQUIZO	4736 GOLDEN GATE PKWY ST
Add			NAPLES FL 34116
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
PLEASE REMOVED(PAOLA URQUIZO)	
THANK YOU	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	

	09/06/2018	
The date of each amendment(s)		, if other than the
date this document was signed.		
OS 	0/06/2018	
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date with Department of State's records.	II not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by ONE HUNDRED		
,	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
09/06/20	018	
Dated		
selec	director, president or other officer—if directors or officers have not been sted, by an incorporator—if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	CHRISTIAN PAZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	