P0900030044

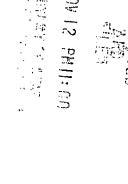
| (Re | questor's Name) | |
|-------------------------|-------------------|--------------------|
| (Address) | | |
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| (Cit | y/State/Zip/Phone | > #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | · · · |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Mollin

COVER LETTER

TO: Amendment Section
Division of Corporations

100

| NAME OF CORPORATI | ON: CENTR | RAL LEADERS MANAGE | MENTS, INC | |
|---|--|--|--|--|
| DOCUMENT NUMBER: | | P09000030244 | <u> </u> | |
| The enclosed Articles of Ar | mendment and fee a | re submitted for filing, | | |
| Please return all correspond | lence concerning thi | s matter to the following: | | |
| | | ORMAN D. ORTIZ | | |
| | N | ame of Contact Person | | |
| | CENTRAL LEA | ADERS MANAGEMENTS, IN | <u>c</u> | |
| | Firm/ Company | | | |
| 1011 N. MAIN STREET, STE B Address | | | | |
| | | | | |
| | С | ity/ State and Zip Code | | |
| —————————————————————————————————————— | AL@COC mail address: (to be use | OPERTAXES.COM d for future annual report notification) | | |
| For further information con | cerning this matter, | please call: | | |
| NORMAN | D. ORTIZ | ut 1 | 346-3408 | |
| Name of Contac | t Person | Area Code & Daytime T | Selephone Number | |
| Enclosed is a check for the | following amount n | nade payable to the Florida Depa | artment of State: | |
| | 3.75 Filing Fee & ertificate 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) | |
| Mailing Address | | Street Address | | |
| Amendment Section | | | Amendment Section | |
| Division of Corporations | | Division of Corporations | | |
| P.O. Box 6327 | | Clifton Building | -ala | |
| Tallabassee, Fl. 32314 2661 Executive Center Circle | | rete | | |

Tallahassee, FL 32301

Articles of Amendment to . **Articles of Incorporation** of

CENTRAL LEADERS MANAGEMENTS, INC

1

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

PO9000030244

(Document Number of Corporation (if known)

| | the corporation: | |
|---|--|--------------------------------------|
| | 7 1 44 22 22 | The n |
| ame must be distinguishable and contain t bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "proj | designation "Corp," "Inc | ," or "Co". A professional corporati |
| . Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u> | | |
| . 53 | | |
| | | |
| . Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFIC | CE BOX) | |
| | | |
| | | |
| | | |
| . If amending the registered agent and/or renew registered agent and/or the new regis | egistered office address in | Florida, enter the name of the |
| new registered agent and/or the new regis | egistered office address in tered office address: | Florida, enter the name of the |
| . If amending the registered agent and/or renew registered agent and/or the new registered Agent: Name of New Registered Agent: | egistered office address in tered office address: | Florida, enter the name of the |
| new registered agent and/or the new regis | egistered office address in tered office address: (Florida street a | |
| <u>Name of New Registered Agent:</u> | tered office address: | ddress) |
| <u>Name of New Registered Agent:</u> | tered office address: | |

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)

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|--|--|-----------------------|
| VP | RICHARD P. GARZON | 1011 N. MAINT STREET SUITE B KISSIMMEE. FL 34744 | _ ☑ Add _ ☐ Remove |
| <u>VP</u> | GLORIA MOSCOSO | 1011 N. MAINT STREET SUITE B KISSIMMEE, FL34744 | _ □ Add □ ☑ Remove |
| | | | Add Remove |
| | ng or adding additional Articles, enter | | |
| (affach ada | litional sheets, if necessary). (Be speci | fic) | |
| | | | |
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| | | | |
| provision | endment provides for an exchange, rec as for implementing the amendment if applicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: <u>11</u> | 1/10/2010 |
|---|---|--|
| Effective date <u>if applicable</u> : | 11/10/2010 | (date of adoption is required) |
| Enecuve date <u>in appricable</u> . | | 00 days after amendment file date) |
| Adoption of Amendment(s) | (<u>C</u> H | IECK ONE) |
| The amendment(s) was/we by the shareholders was/w | | e shareholders. The number of votes cast for the amendment(s) approval. |
| | | ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s): |
| "The number of votes | cast for the amen | ndment(s) was/were sufficient for approval |
| by | | |
| - | (voting group) | |
| action was not required. | | e board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder |
| action was not required. | no adopted by the | , meet potations with each single state of the state of t |
| Dated | 11/10/10 | |
| Signature _ | | |
| | | den or other officer - if directors or officers have not been |
| | ected, by an incor pointed fiduciary l | porator – if in the hands of a receiver, trustee, or other court by that fiduciary) |
| | | NORMAN D. ORTIZ |
| | (Ty | rped or printed name of person signing) |
| | | Register Agent |
| | (Title o | of person signing) |