300065798

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C. LEWIS AUG 2 6 2013 EXAMINER

COVER LETTER

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TO: Amendment Section Division of Corporations

	ATION: Community		ms, Corp.
DOCUMENT NUMBE	ER: P1300006579	8	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
١	Max R. Price (Re	gistered Agent)	
_		Name of Contact Person	1
· <u>l</u>	_aw Offices of Ma	ax R. Price, P.A.	
		Firm/ Company	
6	3701 Sunset Driv	e Suite 104	
_		Address	
<u> </u>	Miami/FL 33143		
		City/ State and Zip Code	e
mpri	ice@pricelegal.c	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Max R. Price		at (305	, 662-2272
Name of	Contact Person		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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Maili</u>	ng Address	Street	Address
Amen	dment Section		Iment Section
Divisi	ion of Corporations	Divisio	on of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

13 AUG 22 PM 1:58

Community Delivery Systems, Corp.

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

nent(s) to

P13000065798	TALLAGASSEE, F
(Document Number of Corporation	(if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following an
. If amending name, enter the new name of the corporation:	
ame must be distinguishable and contain the word "corporat Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must con
. Enter new principal office address, if applicable:	6557 SW 31st Street
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, FL
	33154
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6557 SW 31st Street
(Muning dualess MAT BE AT OUT OF THE DOA)	
	Miami, FL
	Miami, FL 33154
D. <u>If amending the registered agent and/or registered office ad</u> new registered agent and/or the new registered office addre	33154 Idress in Florida, enter the name of the
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	33154 Idress in Florida, enter the name of the
new registered agent and/or the new registered office address Name of New Registered Agent	33154 Idress in Florida, enter the name of the
new registered agent and/or the new registered office address Name of New Registered Agent	33154 Idress in Florida, enter the name of the ess: street address) Florida

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Р	Max R. Price	6701 Sunset Drive Suite 104
Add			Miami, FL 33143
X Remove			
2) Change	Р	Rene de Lamar	6557 SW 31st Street
X Add			Miami, FL 33143
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	 .	
			_
			
	·		
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, adment if not containe	or cancellation of issued she in the amendment itself:	iares,
(if not applicable, indicate N/A)			
			
			·
			· · · · · ·
			-

	option:	1 11.	, if-other than the
date this document was signed.		13 AUG 22	PM 1:58
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	SECRETARY TALLAHASSE	OF STATE SE. FLORIDA
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the antificient for approval.	endment(s)	
	roved by the shareholders through voting groups. The followie each voting group entitled to vote separately on the amendme		
"The number of votes cast f	or the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and	shareholder	
The amendment(s) was/were adoraction was not required.	pted by the incorporators without shareholder action and share	eholder	
Dated 8/21/2	2013		
Signature			_
selected	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)		
	(Typed or printed name of person signing)		_
	(Title of person signing)	1/Forma	president