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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: CMA Imaging Amo	ericas Corp	
DOCUMENT NUMBE	CR: P14000015021		
	Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
N	Aichael Ortiz		
-	·	Name of Contact Person	1
N	Michael Ortiz, P.A.		
<u></u>		Firm/ Company	
	400 C - 4 PM-1 III 1 6	• -	
	430 South Dixie Highway, S		
		Address	
(Coral Gables, Florida 33146		
_		City/ State and Zip Code	
laworti	z@aol.com		
	_	ed for future annual report	notification)
For further information Michael Ortiz	concerning this matter, pleas	205	665-5270
		at (
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rriment 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)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, 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

CMA Imaging Americas Corp

(Name of Corp

(Name of Corporation as	currently filed with the Florida Dept. of State)
P14000015021	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional ussociation," or the abbre	The new orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain, the eviation "P.A."
B. Enter new principal office address, if applicable:	一个一个
(Principal office address MUST BE A STREET ADDRESS	
	्रिक्त जिल्ला । जिल्ला क्रिक्त जिल्ला । जिल्ला क्रिक्त जिल्ला । जिल्ला क्रिक्त जिल्ला । जिल्ला क्रिक्त जिल्ला जिल्ला क्रिक्त जिल्ला
	363
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	
D. If amending the registered agent and/or registered of	Fine address in Florida antouthe name of the
new registered agent and/or the new registered office	e address:
Name of New Registered Agent	
Name of New Registered Agem	
	Florida street uddress)
	Toriuu sireer duuressy
New Registered Office Address:	, Florida (Zip Code)
	(Ciny) (Zip Coae)
New Registered Agent's Signature, if changing Registere	ed Agent
I hereby accept the appointment as registered agent. I am f	familiar with and accept the obligations of the position.
	
Signature (of New Registered 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
I) Change	VP	Binh Huynh	c/o 1430 South Dixic Highway
X Add			Suite 321
Remove			Coral Gables, FL 33146
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			.
5) Change			
Add			
Remove			
6) Change			
Add	-		
Remove			

f amending or adding addition: Attach additional sheets, if necess	ary). (Be specifi	c)		
		-		
	_			
			··· -	
			·	
f an amendment provides for a provisions for implementing the (if not applicable, indicate)	e amendment if no	sification, or cance ot contained in the	llation of issued shar amendment itself:	res,

•	11/10/2015	
	idoption:	, if other than the
date this document was signed.		
	/10/2015	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date we bepartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.	dopted by the incorporators without shareholder action and shareholder	
11/10/20 Dated		
Signature		
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that tiduciary)	
	Michael Ortiz	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	