P15000000031363

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ba	usiness Entity Nar	me)
(De	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CME CONSULT	ING GROUP INC	
DOCUMENT NUMI	P15000027363		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	FREDDY MENA		
		Name of Contact Person	n
	CME CONSULTING GRO	OUP INC	
		Firm/ Company	
	7843 W 34 COURT		
		Address	
	HIALEAH, FL 33018		
		City/ State and Zip Cod	e
fjmer	na@cmecorp.net		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
FREDDY MÉNA		305	733-3935
Name of Contact Person			de & Daytime Telephone Number
Inclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CME CONSULTING GROUP INC

(Name of Corporation as current)	v filed with the Florida Dept. of State)
P15000027363	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "eword "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	~>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address	
new registered agent and/or the new registered office address	<u>:</u>
Name of New Registered Agent	
(Florida stre	vet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Ro	egistered 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	٧	Carlos Camacho-Roque	11201 SW 55th Street #297
X Add			Miramar, FL 33025
Remove			
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kenave			
6) Change			
Add			
Remove			

(Attach addi	g or adding additional Ar tional sheets, if necessary).	. (Be specific)	<u> </u>		
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If an amen	lment provides for an exc	hange, reclassific	ation, or cancella	ition of issued sha	ires.
provisions	for implementing the am	endment if not co	ntained in the an	nendment itself:	
	applicable, indicate N/A)				
			<u> </u>		
				<u>-</u>	
					
					
					·
		 -			
					

The date of each amendment(s) a	idoption:	, if other than the
date this document was signed.		
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 D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	•
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
NOVEME Dated	BER 6, 2018	
Signature	auth tal	
(By a e selecti	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	FREDDY MENA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	