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	To: From:	Division of Corporations Fax Number : (850)617-6380 Account Name : ALBER TAX ACCOUNTANT Account Number : I20150000098 Phone : (305)713-9142 Fax Number : (815)550-9948	Amd CCT 10 201	_
	år En	the email address for this business ent nual report mailings. Enter only one email mail Address: <u>ACC, ALBER</u> <u>ALBER</u> COR AMND/RESTATE/CORRECT CM & CF CONSULTING	ail address please.** HOT MAIL COV OR O/D RESIGN	17 OCT 18
17 BET 18 AM 11 10	PETANG CONTRESTANCE INVISION OF DOMPERATIONS TULL ARM SSUE FUOR POA	Certificate of Status Certified Copy Page Count Estimated Charge	0 0 04 \$35.00	

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To, FL DEPT OF STATE CM & CF CONSUL Page 2 of 7 2017-10-18 14:03:12 (GMT)



17 OCT 18 AH 11: 47

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Articles of Amendment

to Articles of Incorporation

of

CM & CF CONSULTING, INC.

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

P15000032806

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation	
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the	
word "chartered," "professional association," or the abbreviation "P,A,"	
R Enter new principal office address (familicable)	

B. DETERMENT OFFICE REDITION IN CONTRACT						
(Principal office address	MUST BE A STREET ADDRESS					

- 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 in Florida, enter the name of the new registered agent and/or the new registered office address;

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

(Zip Code)

, Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

18155509948 From: JUAN ALBER

To: FL DEPT OF STATE CM & CF CONSUL Page 3 of 7 (2017-10-18)14:03.12 (GMT)

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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)

Example:

•

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.

Z Change	<u>PT John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	lones	
<u>X</u> Add	<u>SV Saily</u>	Smith	
Type of Action (Check One)	Tille	Name	<u>Addres</u> s
1) Change	VP	FUNE, CARIDAD	225 DUNAB AVE
bbA			APT 114
Remove			OPA LOCKA, FL 33054
2) Change			
Remove			
3) Change			
Add _			 *
Remove			
4) Change			
bbA			
Remove			
5) Change		·	·····
Add			·
Remove			
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

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Attach additional sheets, if necessary).	(Be specific)
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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) 4

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The date of each amendment(s) adopti	ion: 10/16/2017	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dute)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amondment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	he amendment(s) was/were sufficient for approval	
by		
	(roling group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 10/16/2017		
Signature	in Moulal	
	or, president or other officer - if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
CIF	RO G MARRERO	
	('Typed or printed name of person signing)	

PRESIDENT

(Title of person signing)