Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

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Fax Number : (850)617-6380

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number: I20080000061

: (407)582-9830

Fax Number

: (407)294-7677

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please..

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN CM BUSINESS, INC.

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MAY 1 3 2016

C. CARROTHERS

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Corporate Filing Menu

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COVER LETTER

Name of Contact Person	Area (Code & Daytime Telephone Nu	mber
MARIA PINHEIRO	at (⁴⁰⁷	582-9830	
For further information concerning this matter, please call	:		
E-mail address: (to be used for	r future annual repo	ort notification)	-
pinhelromaria@att.net			_
Ci	ty/ State and Zip C	ode	
ORLANDO, FL 32827	•		
	Address	·	
3900 PROMENADE SOUARE D	Firm/ Company R APT 5512		
CM BUSINESS, INC	Time (O		
•	arne of Contact Per	SOL	
ALEXANDRE T MASTANDRE	A		
Please return all correspondence concerning this matter to	the following:		
The enclosed Articles of Amendment and fee are submit	ted for filing.		
DOCUMENT NUMBER: P15000042330			-
NAME OF CORPORATION:			-
CM BUSINESS, INC			
Division of Corporations			

Articles of Amendment

	to Articles of Incorporation	
	of	
CM BUSINESS, INC		
(Name of Corpo	ration as currently filed with the Florida Dept. of State)	
P15000042330		
(Do	ocument Number of Corporation (if known)	
Non-control of the first the specimens of		
rursuant to the provisions of section 607.1006, Fig ts Articles of Incorporation:	prida Statutes, this Florida Profit Corporation adopts the following	ing amendment(
L. If amending name, enter the new name of th	e cornoration:	
anne anne ha diedina tel 11 di anne di al	word "corporation," "company," or "incorporated" or the	The new
vord "chartered," "professional association," or 3. <u>Enter new principal office address, if applica</u> Principal office address <u>MUST BE A STREET A</u>	able:	<u>. </u>
		- 33 55- 🖺
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u> </u>	- 11 - 1 - 1
		<u> </u>
	·	
. If amending the registered agent and/or regis	stered office address in Florida, enter the name of the	[68] [7]
new registered agent and/or the new register	rea ornice adaressi	
Name of New Registered Agent		•
•	(Florida street address)	
New Registered Office Address:	. Florida	
		Code)
	•	
	•	
ew Registered Agent's Signature, if changing R	legistered Agent:	
rereby.uccept the appointment as registered agent	t. I am familiar with and accept the obligations of the position.	
	ignature 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sy</u>	Saily Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	RICARDO M MOREIRA	3900 PROMENADE SQUARE DI
X Add			APT 5512
Remove			ORLANDO, PL 32837
2) Change			
Add			
Remove		•	
3) Change		<u> </u>	
Add		•	
Remove			
4) Change	•		
Add			
Remove			
<i>5)</i> Change		_	
Add			
Remove		·	
6) Change			·
Add			
Remove	•	•	•

	heets, if necessary,). (Be specific)	nge(s) here:			
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				~-	<u> </u>	
				•••		
<u> </u>						····
		.,				
				•		
		V - W	- Henry Mark			
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If an amendment pr provisions for imp (if not applicab ONE	lementing the am	hange, reclassifi endment if not co	cation, or cancelli	ntion of issued sh nendment itself:	ares,	
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	05/09/2016
The date of each amendment(s)	adoption:, if other than t
date this document was signed.	: M0/2017
Effective date <u>if applicable;</u>	5/09/2016
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as t Department of State's records.
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.
☐ The amendment(s) was/were ap must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	at for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	lopted by the board of directors without shareholder action and shareholder
nction was not required. MAY 09/ Dated Signature	
(By a c	director, president or other officer - if directors or officers have not been
selecte appoir	ed, by an Incorporator— if in the hands of a receiver, trustee, or other court nated fiduciary by that fiduciary)
•	ALEXANDRE T MASTANDREA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)