P1500066172

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Special Instructions to Filing Officer: |
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FILING CANCELLED RETURNED CHECK



C. GOLDEN
JUN 1 9 2017

COVER LETTER

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TO: Amendment Section **Division of Corporations**

| NAME OF CORPORATION: CREAM MAN | AGEMENT & CONSULTING | G SERVICES, INC. | | | | |
|--|--------------------------------------|--|--|--|--|--|
| DOCUMENT NUMBER: P15000066172 | | | | | | |
| The enclosed Articles of Amendment and fee are | submitted for filing. | | | | | |
| Please return all correspondence concerning this | matter to the following: | | | | | |
| DUNKLEY, LINDSAY (| ; | | | | | |
| | Name of Contact Person | n | | | | |
| DUNKLET & ASSOCIA | | | | | | |
| | | | | | | |
| 14100 DAI METTO EDO | Firm/ Company | | | | | |
| 14100 FALMETTO FRO | 14100 PALMETTO FRONTAGE RD SUITE 201 | | | | | |
| | Address | | | | | |
| MIAMI LAKES, FL 3301 | 6 | | | | | |
| | City/ State and Zip Cod | e | | | | |
| ELAFAURIE@THECREAMGI | ROUP>COM | | | | | |
| E-mail address: (to be | used for future annual report | notification) | | | | |
| | | | | | | |
| For further information concerning this matter, pl | ease call: | | | | | |
| EDGARDO LAFAURIE | at (|) 628-2463 | | | | |
| Name of Contact Person | Area Co | de & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount made | de payable to the Florida Depa | artment of State: | | | | |
| ■ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status | | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend Divisio Clifton | Address ment Section on of Corporations Building xecutive Center Circle | | | | |

Tallahassee, FL 32301

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Articles of Amendment to **Articles of Incorporation**

of

FILED

2017 JUN 15 PM 4: 48

| P15000066172 (Document No | currently filed with the Florida Dept. of State AHASSEE, FLORI |
|---|--|
| (Document Nu | |
| | |
| | umber of Corporation (if known) |
| ts Articles of Incorporation: | tes, this Florida Profit Corporation adopts the following amendment(|
| a. If amending name, enter the new name of the corpora | tion: |
| | The new |
| | rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the |
| 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS | |
| | |
| | |
| . Enter new mailing address, if applicable: | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | |
| | |
| | |
| If amending the registered agent and/or registered offines registered agent and/or the new registered office: | |
| Name of New Bosistanad Again | |
| Name of New Registered Agent | - · · · · · · · · · · · · · · · · · · · |
| (F) | hrida street address) |
| | , |
| · | , Florida |
| New Registered Office Address: | (City) (Zip Code) |
| | lorida 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)

Remove

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 | | | FILING CANCELLED | | |
|----------------------------|--------------|-----------------|--------------------------------|---|--|
| X Remove | <u>v</u> | Mike Jones | RETURNED CHECK | | |
| X Add | <u>sv</u> | Sally Smith | KETOKNED CHECK | _ | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | | |
| 1) Change | MGR | ANDREW VAN GILS | . 7301 NW 4th Street suite 104 | ł | |
| X Add | | | PLANTATION, FL 33317 | | |
| Remove | | | | | |
| 2) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 3) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | FILING CANCELLED RETURNED CHECK |
|---|---------------------------------------|
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| F. If an amendment provides for an exchange, reclassification, or can provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A) | |
| | |
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| The date of each amoudment | 6/1/201/ INLITORING CITECIA | ic along a |
|---|--|----------------------|
| The date of each amendment date this document was signed. | | _, if other than the |
| date titis document was signed. | 6/1/2017 | |
| Effective date <u>if applicable</u> : | 0/1/2017 | |
| | (no more than 90 days after amendment file date) | |
| | this block does not meet the applicable statutory filing requirements, this date will not be Department of State's records. | ot be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval. | |
| | e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes | cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| action was not required. | e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder | |
| 6/1/20 Dated | 17 | |
| Signature | app | |
| (B) se | y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) | |
| | EDGARDO LAFAURIE | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT / MANAGING PARTNER | |
| | (Title of person signing) | |