P15000069353

| (Re | questor's Name) | <u> </u> |
|-------------------------|-------------------|-----------|
| | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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03/18/21--01021--010 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | ORATION:CP MIAMI SERV | ICES CORP | |
|--|--|--|---|
| | 1BER: P15000069353 | | |
| The enclosed Article | es of Amendment and fee are su | bmitted for filing. | |
| Please return all cor | respondence concerning this ma | tter to the following: | |
| | ALPIZAR, JOSE | | |
| | | Name of Contact Person | 1 |
| | | Firm/ Company | |
| | 801 SOUTH ROYAL POING | CIANA #106 | |
| | | Address | |
| | MIAMI SPRINGS, FL 33166 | | |
| | | City/ State and Zip Code | 2 |
| | ALEX@SUAREZ-BASTRE.COM | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informat | ion concerning this matter, pleas | se call: | |
| ALPIZAR, JOSE | | at (786 | 271-2175 de & Daytime Telephone Number |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number |
| Enclosed is a check | for the following amount made | payable to the Florida Depa | artment of State: |
| S35 Filing Fee | ☐S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$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 The Co | Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment



| CP MIAMI SERVICES CORP | | 2021 MAP 19 PM 1. FF | |
|---|--------------------------------|---|-------------------------|
| (Name o | of Corporation as currently | | |
| 15000069353 | | SECREPLEY OF STATE | |
| | (Document Number of | Corporation (if known) Set. FL | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this F | Horida Profit Corporation adopts the fo | dlowing amendment(s) to |
| A. If amending name, enter the new na | ame of the corporation: | | |
| | | | The new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Coartered," "professional association," | Corp," "Inc," or "Co". A | ompany," or "incorporated" or the abbi- professional corporation name must | reviation "Corp.," |
| B. Enter new principal office address, (Principal office address <u>MUST BE A S</u> | | | |
| | | | |
| | | | |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST) | | | |
| | | | |
| | | | |
| | | | |
| D. If amending the registered agent an new registered agent and/or the new | | | |
| | ALPIZAR, JOSE | | |
| <u>Name of New Registered Agent</u> | | ICHANIA ALOG | |
| 801 SOUTH ROYAL POINCIANA #106 (Florida street address) | | | |
| | MIAMI SPRINGS | , , | 3166 |
| New Registered Office Address: | | City) | (Zip Code) |
| | * | City) | (zip cont) |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | ered agent. I am familiar w | ith and accept the obligations of the pos | sition. |
| · | Signature of Wew Re | rgistered Agent, if changing | |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | _ | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Arti (Attach additional sheets, if necessary). | (Be specific) | |
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| If an amendment provides for an exch | ange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the ame | ndment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | OPP HOLD LAW OIL DECINETIES CORNOR LTICAL | |
| ERNANDEZ,IRMA J IS WILL NO LON | GER HOLD ANY SHARES IN THE CORPORATION. | |
| IE COMPANIES PRESIDENT ALPIZA | R, JOSE WILL REMAIN THE SOLE SHARE HOLDER WITH | |
| WNERSHIP OF 100% OF THE CORPO | RATIONS SHARES. | |
| | , , , , , , , , , , , , , , , , , , , | |
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| | 03/12/2021 | |
|---|---|---|
| The date of each amendment(s) ad date this document was signed. | option: | , if other than the |
| - | 2/2021 | |
| | (no more than 90 days after amendme | ent file date) |
| Note: If the date inserted in this bl document's effective date on the De | ock does not meet the applicable statutory filing partment of State's records. | requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ■ The amendment(s) was/were ado action was not required. | oted by the incorporators, or board of directors wit | hout shareholder action and shareholder |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes cas fficient for approval. | at for the amendment(s) |
| | roved by the shareholders through voting groups. each voting group entitled to vote separately on the | |
| "The number of votes cast | or the amendment(s) was/were sufficient for appro | oval |
| by | | <u>_</u> ." |
| | (voting group) | • |
| 03/12/2021 Dated Signature | A | |
| (By a di selected | restor. President or other officer – if directors or of , by an incorporator – if in the hands of a receiver, ed fiduciary by that fiduciary) | |
| | ALPIZAR, JOSE | |
| • | (Typed or printed name of person signif | uk) |
| | PRESIDENT | |
| | (Title of person signing) | |

