

P15 0000081365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

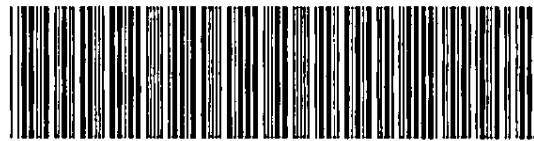
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

FEB 25 2022

D CONNELL

HORR, NOVAK & SKIPP, P.A.

Keith Anton
William R. Boeringer
David J. Horr
Craig P. Liszt
Karina Peiro
Juan C. Perez, Jr.
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William B. Milliken
Of Counsel

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Phone: (305) 670-2525
Facsimile: (305) 670-2526

Email: wmilliken@admiral-law.com
Web: www.hornovakandskipp.com

Patrick E. Novak
1956-2018

February 1, 2022

Via Federal Express

Ms. Darlene Connell
Amendment Section
Division of Corporations
2415 N. Monroe Street
Tallahassee, FL 32303

**Re: CMI Leisure Management, Inc.
Amendment to Articles – Change of Officer
Our File No. 5749**

Dear Ms. Connell:

You called our office a couple of weeks ago to inform me that you had received a check but no document. Attached the Amendment to the Articles that we need to file. The check is in your possession.

If you have any questions or need additional information, please email me at yagUILar@admiral-law.com or call me at 305-779-2911.

Thank for letting me know.

Very truly yours,

Yleana Aguilar
Yleana Aguilar
Legal Assistant



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CMI LEISURE MANAGEMENT, INC.

DOCUMENT NUMBER: P15000081365

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William B. Milliken, Esq.
Name of Contact Person

Horr, Novak & Skipp, P.A.
Firm/ Company

Two Datan Center, Suite 1700, 9130 S. Dadeland Blvd.
Address

Miami, Florida 33156
City/ State and Zip Code

wmilliken@admiral-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William B. Milliken, Esq. at (305) 670-2525
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

CMI LEISURE MANAGEMENT, INC.

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

P15000081365

(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."

B. Enter new principal office address, if applicable:
(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: _____, Florida _____
(City) (Zip Code)

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

Check if applicable

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

FILED
2022 FEB -2 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP Finance	Lazaro Hernandez	4770 Biscayne Blvd. PH-D Miami, Florida 33137
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP Finance	Taylor Smith	4770 Biscayne Blvd. PH-D Miami, Florida 33137
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

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(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: November 15, 2021, if other than the date this document was signed.

Effective date if applicable: November 15, 2021
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

Dated 11/7/22

Signature

W B Milliken
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

William B. Milliken

(Typed or printed name of person signing)