P16000033480

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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPORATION: CAMI SERVICE	CES AND SUPPLIES CORI	,
DOCUMENT NUMBER: P16000033480		
The enclosed Articles of Amendment and fee are		
Please return all correspondence concerning this	matter to the following:	
ISAAC AYALA		
CAMI SERVICES AND S	Name of Contact Pers SUPPLIES CORP	on
	Firm/ Company	
1001 WINGATE WAY	• -	
SANDY SPRINGS GA 30	Address	
	City/ State and Zip Co-	 de
INFO@MORAVELL.CO	•	
E-mail address: (to be	used for future annual repor	t notification)
For further information concerning this matter, ple	case call:	8535215
Name of Contact Person		ode & Daytime Telephone Number
Enclosed is a check for the following amount mad-		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43,75 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 Ce 2415 N	Address Iment Section In of Corporations Entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

CAMI SERVICES AND SUPPLIES CORP

(N		-
P16000033480	orporation as currently filed with the Flo	orida Dept. of State)
	(Document Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	, Florida Statutes, this Florida Profit Corp	poration adopts the following amendment(s)
A. If amending name, enter the new name o	of the corporation:	
name must he distinguishable and contain the w "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	Inc. or to a protectional com-	Thenew rporated" or the abbreviation "Corp.," oration name must contain the word
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>	olicable: ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>CE BOX</u>)	
		
. If amending the registered agent and/or renew registered agent and/or the new regis	egistered office address in Florida, ente	r the name of the
Name of New Registered Agent		
	(Florida street address)	<u></u>
New Registered Office Address:	Circ	Florida
	(City)	(Zip Code)
New Registered Office Address: ew Registered Agent's Signature, if changing tereby accept the appointment as registered ag	(City) g Registered Agent: gent. I am familiar with and accept the ob	(Zip Code)

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 = ChiefExecutive 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.

X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
\underline{X} Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	Name	Address	
1) Change	D	ANTHONY G AYALA	1001 WINGATE WAY	
X Add			SANDY SPRINGS GA 30350	
Remove				
2) Change	D	MELANY A AYALA	1001 WINGATE WAY	
X Add			SANDY SPRINGS GA 30350	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
の Change				
Add				
Remove				

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	 -		
	- - -			
				
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an amendment provides for an exchaprovisions for implementing the amer	ange, reclassification,	or cancellation of	issued shares,	
(if not applicable, indicate N/A)	iument if not containe	d in the amendme	<u>int itself:</u>	
,				
		<u> </u>		
				<u> </u>
				-
				<u> </u>

	SEPTEMBER 19TH 2024
The date of each amendment(s) as	doption:, if other than the
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this does will not be the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
musi ve separatety providea jor e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	· · · · · · · · · · · · · · · · · · ·
	(voting group)
(VVII.0)202 t	
09/19/2024 Dated	
Signature	
(By a dire selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
I:	SAAC AYALA
_	(Typed or printed name of person signing)
P	RESIDENT
_	(Title of person signing)