Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number

: (850)617-6380

To:

Account Name : SERVICIOS COMUNITARIOS LATINOS INC

Account Number : I20080000080

: (305)642-1090

Fax Number

: (305)642-1010

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

Email Address: CHDMSERVICE CORPOGMAIL.

COR AMND/RESTATE/CORRECT OR O/D RESIGN C H D M SERVICE CORP

| Certificate of Status | 0 |
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TO: Amendment Section

Division of Corporations

Page: 3 of 7

COVER LETTER

| GUD) A SEDUM | and the same |
|--|--|
| NAME OF CORPORATION: CHDM SERVI | ICE CORP |
| DOCUMENT NUMBER: P16000040783 | |
| The enclosed Articles of Amendment and fee are | e submitted for filing. |
| Please return all correspondence concerning this | matter to the following: |
| CARLOS SEBASTIAN S | SIMMS |
| | Name of Contact Person |
| SECRETARY | |
| | Firm/ Company |
| 119 MENORES AVE AP | PT 8A |
| | Address |
| CORAL GABLES, FL. 33 | 3134 |
| | City/ State and Zip Code |
| CHDMSERVICECORP@ | ggmail.com |
| E-mail address: (to be | e used for future annual report notification) |
| For further information concerning this matter, p | please call: |
| CARLOS SEBASTIAN SIMMS | at (⁷⁸⁶) 2856672 |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount man | ide payable to the Florida Department of State: |
| ■ \$35 Filing Fee Status Status | · · |
| 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 |

07/07/2021 4:51 PM

Fax: (850) 617-6380

(((H21000262838 3)))

Articles of Amendment Articles of Incorporation οf

| C H D M SERVICE CORP | | | | | |
|--|---------------------------------|---|-------------|-----------------------------|----------------|
| (Name | of Corporation as currently | filed with the Florida Dept. | (State) | | |
| P16000040783 | | | | | |
| | (Document Number of | Corporation (if known) | | | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this F | Florida Profit Corporation ado | ots the fol | llowing ame | ndment(s) |
| A. If amending name, enter the new n | ame of the corporation: | | | | |
| N/A | | | | The | new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association," | Corp," "Inc." or "Co". A | ompany," or "incorporated" or professional corporation nan | the abbro | eviation "Co contain the | orp.," word |
| , , | | N/A | | | |
| B. Enter new principal office address, (Principal office address MUST BE A S | | | | | |
| | , | | | | |
| | | | | | |
| | | | | | |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | | N/A | | | |
| [mains and a series of ser | 0,7,1,0,2,2,0,7, | | | | |
| | | | | | |
| | | | | | |
| D. If amending the registered agent as | nd/or registered office addre | ess in Florida, enter the name | of the | | |
| new registered agent and/or the ne | | | | | |
| Name of New Registered Agent | N/A | | | | i |
| wame of wew Registered Agent | | | | | 1 |
| | (Florida stre | et address) | | | P |
| | N/A | • | | 1000 | = \ |
| New Registered Office Address: | | , F <i>City)</i> | Florida | (7st Gode) | - |
| | 1 | <i>5,</i> / | | (21) | |
| | | | | | |
| New Registered Agent's Signature, if c | hanging Registered Agent: | | | | |
| I hereby accept the appointment as regist | tered agent. I am familiar w | ith and accept the obligations (| of the pos | ition. | |
| | | | | | |
| | | | | | |
| | Signature of New Re | gistered Agent, if changing | | | |
| | <u> </u> | | | | |
| Check if applicable | | | | | |

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

07/07/2021 4:51 PM

From: STEPHANIE TAPIA

Fax: (850) 617-6380

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:

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(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 Doc | |
|-------------------------------|--------------|------------------------|-------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | s | CARLOS SEBASTIAN SIMMS | 119 MENORES AVE APT 8A |
| X Add | | | CORAL GABLES, FL. 33134 |
| Remove | | | |
| 2) Change | | | |
| Add | | | - <u></u> |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | • |
| 5)Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |
| ICHIOVO | | | |

Fax: 18888516665

Fax: (850) 617-6380

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| of an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | Attach additiona | dding additional Articles, eles sheets, if necessary). (Be s | pecific) | | | |
|--|------------------|--|-----------------------|-----------------------|--------------|---------------|
| f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | | | | | | |
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Fax: (850) 617-6380

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| The date of each amendment | s) adoption: | , if other than th |
|--|---|---------------------------------|
| date this document was signed. | , | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in the document's effective date on the | is block does not meet the applicable statutory filing requirements, the Department of State's records. | s date will not be listed as th |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were action was not required. | adopted by the incorporators, or board of directors without shareholder | action and shareholder |
| The amendment(s) was/were by the shareholders was/wer | adopted by the shareholders. The number of votes east for the amendment of sufficient for approval. | ent(s) |
| The amendment(s) was/were must be separately provided | approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s): | tement |
| "The number of votes of | ast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| 07/06/20 | 21 | |
| Dated | | |
| Signature | Luz Karine Cardenas | |
| (By : | director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary) | |
| | LUZ K CARDENAS | |
| | (Typed or printed name of person signing) | |
| | PT | |
| | (Title of person signing) | |