P10000082521

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: COMF C	Co.	
DOCUMENT NUMB	2110000	82527	
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
		Hector J Par	adiśi
		Name of Contact Person	1
· .	<u>5</u>	Hactor J Par Name of Contact Person In a two Conjud	tomits.
		Firm/ Company	
	1850	1 PINES Blud	Suite 342
		Address	
-	Pembl	roke Kines,	FL 33029
	•	City/ State and Zip Code	ė
		hparadisi@d	FL 33029 iversorilegal.com
_,	E-mail address: (to be us	ed for future annual report	notification)
		,	
For further information	concerning this matter, pleas	e call:	
flacton ?	T Paradusi	or 786	5025767
Name o	f Contact Person		de & Daytime Telephone Number
			,
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:
\$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)
Mail	ing Address	Street	Address
	ndment Section		ment Section
	sion of Corporations		n of Corporations
	Box 6327		Building
Talla	hassee, FL 32314		xecutive Center Circle
		I allaha	ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

CDMF	Co.	TO CA
(Name of Corporation	as currently filed with the Florida Dept. of State)	F9 8
P16000	0082527	
	nt Number of Corporation (if known)	11.11
Pursuant to the provisions of section 607.1006, Florida S	Notation this First D. F. C.	, <u></u>
its Articles of Incorporation:	statutes, this Fibrial Froja Corporation adopts the to	Howing amendine
·		2.1
A. If amending name, enter the new name of the corr	poration:	3 00
\\\\\\		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," word "chartered," "professional association," or the al		must contain the
word chartered, projessional association, or the at	poreviation P.A.	
B. Enter new principal office address, if applicable;	V/A	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>PESS</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	, ν/ Α	
	3 600 3 3 4 50 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
The state of the s	۸/A	
Name of New Registered Agent	۲۱/۱۶	
	(Florida street address)	
New Registered Office Address:	ν/Α , Florida	
<u>New Registerea Office Adaress:</u>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered agent. I		sition.
	,	
	NA	
	1 [1	
Signat	ure of New Registered Agent, if changing	

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.

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	D	CARLOS D. MORALES	14155 SW 87th St
× Add			APT 406
Remove			MIAMI , FL 33183
2) Change	<u>D</u>	GABRIEL A. SANCHEZ	14155 SW 87th St
X Add			APT. 406
Rcmove			Minui, FL 33183
3) Change			
Add			
Remove			
4)Change	-8.4		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding add ttach <i>additional sheets, if r</i>	ecessary). (E	Be specific)				
M_{ℓ}	\					
						
						
						· · .
	<u> </u>					
				<u> </u>		
an amendment provides	for an exchans	ge, reclassificat	ion, or cancella	tion of issued s	hares.	
rovisions for implementi	ng the amendn	nent if not cont	ained in the am	endment itself	•	
(if not applicable, indic	ate N/A)	иh				
		<u> </u>			<u>-</u>	
		,				
						
		 				
	<u> </u>					

The date of each amendment(s) adoption:date this document was signed.	11/03/2016	, if other than the
Č	11/03/2016	
Effective date if applicable:	$\frac{11/03}{2016}$ (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of S	t meet the applicable statutory filing requirement	
Adoption of Amendment(s) (CHE	CCK ONE)	
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	hareholders. The number of votes cast for the amorproval.	endment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting g	shareholders through voting groups. The following roup entitled to vote separately on the amendment	
	lment(s) was/were sufficient for approval	
by	ng group)	
(votin	ng group)	
☐ The amendment(s) was/were adopted by the be action was not required.	oard of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were adopted by the in action was not required.	•	holder
Dated	3/2016 Orde Dannew	
Signature	arde Dannero	
(By a director, presid	lent or other officer – if directors or officers have	not been
	porator - if in the hands of a receiver, trustee, or	other court
appointed fiduciary b	by that fiduciary)	
	Chicle Bounewo ()	Vical Bowana)
т	yped or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	