

2ND SUBMISSION

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : JORGE M CASTILLO CPA  
Account Number : I20140000067  
Phone : (305)275-0208  
Fax Number : (305)275-0210

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

Email Address: JORGE@CASTILLO-CPA.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**  
**CP GLOBAL CONSULTING INC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$43.75

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

MAY 22 2020

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5/20/2020 10:07:35 AM PAGE 1/001 Fax Server



May 20, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CP GLOBAL CONSULTING INC  
6800 SW 40 ST  
341  
MIAMI, FL 33155

SUBJECT: CP GLOBAL CONSULTING INC  
REF: P17000005372

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

When resubmitting a correction, please resubmit the original Fax Audit sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H20000085859  
Letter Number: 020A00010158

H200000858593

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CP Global Consulting Inc

Name of Corporation

**DOCUMENT NUMBER:** P17000005372

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge M Castillo

Name of Contact Person

Jorge M Castillo CPA

Firm/Company

9190 Sunset Drive

Address

Miami, FL 33173

City/State and Zip Code

jorge@castillo-cpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge M Castillo

at (305) 305-3562

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☒ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**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

850-617-6381

3/18/2020 10:51:48 AM PAGE 1/001 Fax Server

2nd Submission  
 THANKS

March 18, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CP GLOBAL CONSULTING INC  
6800 SW 40 ST  
341  
MIAMI, FL 33155

SUBJECT: CP GLOBAL CONSULTING INC  
REF: P17000005372

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

In order to add individuals to the entity, you must file Profit Articles of Amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H20000085859  
Letter Number: 420A00005896

H20000085859

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CP Global Consulting Inc

DOCUMENT NUMBER: P17000005372

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

Please return all correspondence concerning this matter to the following:

Jorge M Castillo

Name of Contact Person

Jorge M Castillo CPA

Firm/ Company

9190 Sunset Drive

Address

Miami, FL 33173

City/ State and Zip Code

jorge@castillo-cpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge M Castillo

at (305)

305-3562

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:

☐ \$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

Street Address

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

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Articles of Amendment  
to  
Articles of Incorporation  
of

CP Global Consulting Inc

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

P17000005372

(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:

(City) Florida (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.

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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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S / T	Ruben Lazaro Cruz	3820 SW 122 Ave Miami, FL 33175
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
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			

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**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

**F. If 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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March 17, 2020

The date of each amendment(s) adoption: \_\_\_\_\_, 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 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)

March 17, 2020

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(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)

Carlos Perez

(Typed or printed name of person signing)

P

(Title of person signing)

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STATE OF FLORIDA  
DEPARTMENT OF STATE