

P18000004696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT 18 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FL

Amend/Name Change

OCT 20 2021

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

2021 OCT 18 AM 11:32

NAME OF CORPORATION: CVRA HOME SOLUTIONS INC

DOCUMENT NUMBER: P18000004696

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

Please return all correspondence concerning this matter to the following:

Normalina Martin

Name of Contact Person

CVRA HOME SOLUTIONS INC

Firm/ Company

37 N. Orange Ave. Suite 500

Address

Orlando, FL 32801

City/ State and Zip Code

Normalina@TheOpulentGrp.com

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

For further information concerning this matter, please call:

Normalina Martin

Name of Contact Person

at (407) 777-2761

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

SECRETARY OF STATE
TALLAHASSEE, FL

2021 OCT 18 PM 2:11

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2021

NORMALINA M MARTIN
37 N. ORANGE AVE STE 500
ORLANDO, FL 32801

SUBJECT: CVRA HOME SOLUTIONS INC
Ref. Number: P18000004696

We have received your document for CVRA HOME SOLUTIONS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation to become a Profit benefit/Social purpose corporation. Please see the enclosed information to file articles of amendment for a profit corporation.

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 621A00022757

Articles of Amendment
to
Articles of Incorporation
of

CVRA HOME SOLUTIONS INC

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

P18000004696

(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 OPULENT GROUP INC

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**)

37 N. Orange Ave. Suite 500

Orlando, FL 32801

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

37 N. Orange Ave. Suite 500

Orlando, FL 32801

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

Normalina Martin

37 N. Orange Ave. Suite 500,

(Florida street address)

New Registered Office Address:

Orlando

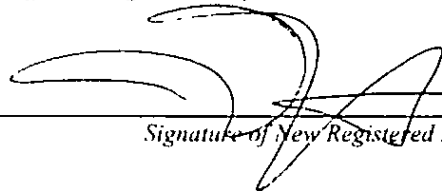
(City)

Florida 32801

(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
2021 OCT 18 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FL

Remove

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

(if not applicable, indicate N/A)

[illegible]

9/1/2021

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

9/1/2021

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)

10/7/2021
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)

Normalina Martin

(Typed or printed name of person signing)

President

(Title of person signing)