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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations		
name of corporation: <u>CDPAW</u> document number: <u>P180000</u> 1	Consulting Services Inc.	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Pathy	E Mason Name of Contact Person	
1003 Nath	nan Zidge Rd.	
_ Clernion	Address FL: 34715 City/ State and Zip Code	
E-mail address: (to be us	MIASON EAS. Com sed for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Patty E Mason	407,488-3706	
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:	
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 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	

Articles of Amendment

Articles of Incorporation

CDPAM Cons	in Hin	a Service	s Inc			
(Name of Corporat	tion as currently	filed with the Florid	a Dept. of State)		_	
P1801	0001151	03				
(Docu	iment Number of	Corporation (if knows	1)			
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	da Statutes, this F	Florida Profit Corpord	tion adopts the fo	llowing a	mendm	eni(s) li
A. If amending name, enter the new name of the CDP Consult	ing Se	rvices I			he nev	•
name must be distinguishable and contain the word "lnc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abb	c." or "Co". A	ompany," or "incorpo professional corpore	rated" or the abbi ition_name_must	eviation ' contain t	"Corp., he word	 1
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>(OX</u>)				100 JUH	
			.		29 P	
D. If amending the registered agent and/or regist			the name of the		T : 0	じ
new registered agent and/or the new registered	<u>a office address:</u>			7	Ø	
Name of New Registered Agent	-	· .				
	(Florida stre	ret address)				
New Registered Office Address:			, Florida_			
13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(City)		(Zip Coa	le)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	<mark>egistered Agent:</mark> . – I am familiar w	rith and accept the obl	igutions of the po.	sition.		
Sig	mature of New Re	egistered Agent, if cha	nging			

Check if applicable

[] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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 = 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
б) Change		_		
Add				
Remove				

	(Be specific)
-	
	
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/	
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an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an endment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	5 - 2 1, if other than the
date this document was signed.	T Control than the
Effective date if applicable: 6-25	
(no more tha	90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's record	dicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, action was not required.	or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was/	vere sufficient for approval
+ATTUE MUSON S	ingle Vote.
by 1000 (voting group)	1711 a 007 C
Dated 6-25-21 Signature 1	EN/a-
	Ticer – if directors or officers have not been the hands of a receiver, trustee, or other court
Patty EI	d name of person signing)
(Type Vor print	d name of person signing)
Hesider	<u>+</u>
(Title of person	signing)