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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: 637 Cons	witing Broup COXP.
DOCUMENT NUMBER: P18000053	
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
	Name of Contact Person Sulting 63007 COSP. Firm/ Company
	St Lucie West BLUD #117
	City/ State and Zip Code
E-mail address: (to be used	310 Email. com d for future annual report notification)
For further information concerning this matter, please	call:
Carlos Reyes	at (<u>305</u>) <u>850-5436</u> Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	syable to the Florida Department of State:
	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) 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 Clifton Building 2661 Executive Center Circle

Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

CBT COASU (Name of Cornora	ation as currently filed with the Florida Dept. of State)
\ 	
(Doct	253267 cument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the	corporation:
RJF Vent	vord "corporation," "company," or "incorporated" or the abbreviation
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Conword "chartered," "professional association." or the	orp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL	ble: DDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	BOX)
D. If amending the registered agent and/or regis	stered office address in Florida, enter the name of the
new registered agent and/or the new registere	red office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	•
New Registered Agent's Signature, if changing R Thereby accept the appointment as registered agent	Registered Agent: nt.—I am familiar with and accept the obligations of the position.
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	Sionanere 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Ar attach additional sheets, if necessary)	i, tBe specific)			
		 		
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				,
an amendment provides for an ex	cchange, reclassifica	a <u>tion, or cancellat</u>	ion of issued share	
provisions for implementing the ar	mendment if not co	ntained in the ame	endment itself:	
(if not applicable, indicate N/A)				
		·		
		 	·	

The date of each amendment(s) adoption: OCTOBEY 15, 2019 . if other than the date this document was signed.
Effective date if applicable: OCTOBEY 15, ZO19 Ina 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 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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated October 15, 2019
Signature (By a director, president or other officers in 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)
(Typed or printed name of person signing)
CEO
(Title of person signing)