

P20 000079007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

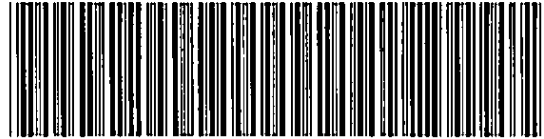
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/12/20--01009--026 **52.50

2021 JAN 11 11:52

Amended
minutes

JAN 06 2021

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CL CONSULTING SOLUTIONS INC

DOCUMENT NUMBER: P20000079007

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

Please return all correspondence concerning this matter to the following:

CARLOS LISSIMORE

Name of Contact Person

CL CONSULTING SOLUTIONS INC

Firm/ Company

980 N. Federal Hwy Suite 110

Address

Boca Raton, FL, US, 33432

City/ State and Zip Code

info@clconsultingsolutionsinc.com

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

For further information concerning this matter, please call:

CARLOS LISSIMORE

at (561) 227-1770

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2020

CARLOS D. LISSIMORE
980 N. FEDERAL HWY
STE. 110
BOCA RATON, FL 33432

SUBJECT: CL CREDIT CONSULTING INC.
Ref. Number: P20000079007

We have received your document for CL CREDIT CONSULTING INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P19000026708 - C L CONSULTING INC.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 520A00025600

1/1/21

2021-12-14 PM 1:52

Articles of Amendment
to
Articles of Incorporation
of

CL CREDIT CONSULTING INC

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

P20000079007

(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:

CL CONSULTING SOLUTIONS 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)

CARLOS LISSIMORE

980 N. Federal Hwy Suite 110

Boca Raton, FL, US, 33432

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

980 N. Federal Hwy Suite 110

Boca Raton, FL, US, 33432

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

CARLOS LISSIMORE

980 N. Federal Hwy Suite 110

(Florida street address)

New Registered Office Address:

Boca Raton

Florida

33432

(City)

(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)(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.

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 | P | CARLOS LISSIMORE | 980 N. Federal Hwy Suite 110 |
| <input checked="" type="checkbox"/> Add | | | Boca Raton, FL, US, 33432 |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | VP | CARLOS LISSIMORE | 980 N. Federal Hwy Suite 110 |
| <input checked="" type="checkbox"/> Add | | | Boca Raton, FL, US, 33432 |
| <input type="checkbox"/> Remove | | | 980 N. Federal Hwy Suite 110 |
| 3) <input type="checkbox"/> Change | D | CARLOS LISSIMORE | Boca Raton, FL, US, 33432 |
| <input checked="" 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 | | | |

E. If amending or adding additional Articles, enter change(s) here:

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

TO WHOM IT MAY CONCERN:

WE ARE CORRECTING OUR ADDRESS AND ADDING THE PRESIDENT AND REMOVING THE CREDIT OUT
OF OUR COMPANY NAME

**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)

N/A

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)

Dated X 12/29/2020

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)

X Carlos Lissimore

(Typed or printed name of person signing)

X President

(Title of person signing)