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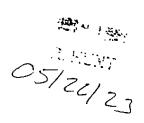
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CPV INMIGRATION	ON SERVICES CORP	
DOCUMENT NUM			
	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	CLAUDIA PEREZ VILA		
		Name of Contact Person	1
	CPV INMIGRATION SERV	ICES CORP	
		Firm/ Company	·
	14630 SW 50 ST		
		Address	***************************************
	MIAMI FL 33175		
		City/ State and Zip Code	
	SDLSANTANACORP@GM	All.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas		0717125
	of Contact Person	at ( 346	) 9/1/423
Name	of Confact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## CPV INMIGRATION SERVICES CORP

	•			
( <u>Name c</u>	of Corporation as curren	tly filed with the Florida Dept. of State)		
P22000005904				
	(Document Number	of Corporation (if known)		<u> </u>
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this	s Florida Profit Corporation adopts the following	រសិ auseuqi	ment(s) to
A. If amending name, enter the new na	ame of the corporation:			
CPV MULTISERVICES CORP			****	
	Corp, " "Inc, " or "Co".	"company," or "incorporated" or the abbreviati A professional corporation name must conta "		-,
B. Enter new principal office address,	if applicable:	14650 SW 50 ST		
(Principal office address MUST BE A S		MIAMI FL 33175		-
			20:	- -
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		SAME	2028 may 62	ASION OF C
				14 VOLPO VI S 40 A.A.A.
D. If amending the registered agent ar	nd/or registered office ad-	dress in Florida, enter the name of the	40	<u> </u>
new registered agent and/or the new				•
Name of New Registered Agent	CLAUDIA PEREZ VILA	A		
	14650 SW 50 ST		_	
	(Florida s	treet address)	_	
New_Registered Office Address:	MIAMI	33175 , Florida		
		(City) (Zip	Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Ager vered agent. I am familian	nt: 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:

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			<del></del>
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change		<del></del>	
Add			
Remove			
4) Change			
Add			***
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes east for the amendment(s)
must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):  for the amendment(s) was/were sufficient for approval
must be separately provided for "The number of votes cast	for the amendment(s) was/were sufficient for approval  (voting group)