

## P23000001893

(₹€	equestor's Name)	
(Ac	(dress)	
(Ad	idress)	
(Cil	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CONTINUOUS M	IANAGEMENT INSTITU	TE INC
DOCUMENT NUM	P23000001893		
The enclosed Article.	w of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	OSCAR A CABRERA, CPA		
		Name of Contact Perso	าก
	OSCAR A CABRERA, PA		
		Firm/ Company	·
	28880 SW 164TH AVE		
		Address	
	HOMESTEAD, FL 33033		
		City/ State and Zip Cod	le
	OCABRERA@BELLSOUT	H.NET	
	E-mail address: (to be us	sed for future annual repor	t notification)
For further information	on concerning this matter, plea	se call:	
OSCAR A CABRER	RA CPA	at (	321-6207
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	partment 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)
An Dis P.C	niling Address nendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amen Division The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation a	s currently filed with the Florida D	ept. of State)
P23000001893		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	tutes, this Florida Profit Corporation	7 adopts the following amendment(s
A. If amending name, enter the new name of the corpo	ration:	
		The new
ame must be distinguishable and contain the word "corpo 'Inc.," or Co.," or the designation "Corp," "Inc." or 'chartered." "professional association," or the abbreviati	"Co". A professional corporation	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u> .	<u> </u>	
		7 TO 1
. Enter new mailing address, if applicable:		VOV
(Mailing address MAY BE A POST OFFICE BOX)		£2
- <del>- 1</del>		SSE PH
	CC	ਜ਼ੀ ਨ
<ol> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered office</li> </ol>		name of the
Name of New Registered Agent		
	(Florida street address)	
	r tortaa sireet aaaress)	
New Registered Office Address:	(City)	, Florida(Zin Code)
	(Cuy)	(z.p c.oae)
Sew Registered Agent's Signature, if changing Register	red Agent:	
hereby accept the appointment as registered agent. I am		ions of the position.
-	- CM - D - interest to 100 to	
Signature	of New Registered Agent, if changin	g
Check if applicable		

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 Jol	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S D	MARSHA J LUE	2018 RYANS RUN
X Add	<del></del>		LANSDALE, PA 19446
Remove			<del></del> -
2) Change			
Add			
Remove 3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

maci duminima anceis, y necessary,	ticles, enter change(s) here: (Be specific)
<u> </u>	
• • • • • • • • • • • • • • • • • • • •	
an amendment provides for an exc	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amenament reserv
<u>- — </u>	

.

The date of each amendment(s) a date this document was signed.	doption: OCTOOCT 1, ZOZ4	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after ame	endment file date)
Note: If the date inserted in this document's effective date on the D		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directo	rs without shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of vot ufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting grove each voting group entitled to vote separately	ups. The following statement on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for	approval
by		·
	(voting group)	
OCTOBE Dated	alluci Plant	
(By a c	lirector, president or other officer – if directors ed, by an incorporator – if in the hands of a record fiduciary by that fiduciary)	
	TALLMAN P WHITLER	
	(Typed or printed name of person	signing)
	PRESIDENT	
	(Title of person signing)	