# P240000010332

(Requestor's Name)				
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
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# COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CGM PARTNERS	S MANAGEMENT INC	
DOCUMENT NUMB	ER: P24000006332		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	ESTHER MARRERO		
•	•	Name of Contact Persor	
	EGM BUSINESS AND HO	ME SOLUTIONS LLC	
		Firm/ Company	
	4423 DEL PRADO BLVD S		
		Address	<del></del>
	CAPE CORAL, FL 33904		
•	•	City/ State and Zip Code	2
	ESTHER@EGMBUSINESS	SOLUTIONS COM	
	<del>-</del>	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
ESTHER MARRERO		at ( 239	257-2332
Name o	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment 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)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

# Articles of Amendment to Articles of Incorporation of



# (Name of Corporation as currently filed with the Florida Dept. of State) CGM PARTNERS MANAGEMENT INC (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:

name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		2214 ARBOUR WALF	CCIRCLE
		2027	
		NAPLES, FL 34109	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2214 ARBOUR WALE	C CIRCLE
		2027	
		NAPLES, FL 34109	
D. If amending the registered agent an new registered agent and/or the ne			name of the
Name of New Registered Agent	LUIS LEONARDO IIMENEZ		
	2214 ARBOUR WALK CIRCLE, 2027		
	(Florida	street address)	
New Registered Office Address:	NAPLES		, Florida_34109
		(City)	(Zin 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)

Example:

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	$\underline{V}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
I) Change	P	_	CRHISTIAN C GOMEZ MORENO	3201 SANTA BARBARA BLVD
Add				CAPE CORAL, FL 33914
X Remove  2) Change	P, VP		LUIS LEONARDO JIMENEZ	2214 ARBOUR WALK CIRCLE
X Add		_		2027
Remove 3) Change		_		NAPLES, FL 34109
Add				
Remove				
4) Change		<del>_</del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional	lding additional Articles, en sheets, if necessary). Be s	specific)		
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f an amendmen	provides for an exchange,	reclassification, or canc	ellation of issued shares.	
provisions for in	plementing the amendmen	t if not contained in the	amendment itself:	
(if not applie	ıble, indicate N/A)			
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	MARCH 14, 2024	
The date of each amendment(s)	adoption:	if other than the
date this document was signed.	1ARCH 14, 2024	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amend sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following so or each voting group entitled to vote separately on the amendment(s)	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
03/14/20	124	
Dated Signature		
(By a	director, president or other officer in directors or officers have not	
	eted, by an incorporator – if in the hands of a receiver, trustee, or othe	r court
арро	inted fiduciary by that fiduciary)	
	ESTHER MARRERO	
	(Typed or printed name of person signing)	<del></del>
	INCORPORATOR	
	(Title of person signing)	