

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000357566 3)))



H220003575663ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

22.0CT 18

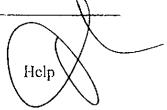
IGN

COR AMND/RESTATE/CORRECT OR O/D RESIGN CONSULTING BUSINESS SOCIETY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



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

To:

Articles of Amendment to Articles of Incorporation of

CONSULTING BUSINESS SOCIETY,	, INC.			
(Name	of Corporation as current	ly filed with the Florida f	Ocpt. of State)	
98000057855			·	
	(Document Number o	of Corporation (if known)		
tursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporațio	n adopts the following amen	idment(s) to
. If amending name, enter the new n	ame of the corporation:			
nne must be distinguishable and contain Inc.," or Co.," or the designation "(chartered," "professional association,	Corp." "Inc." or "Co"	A professional corporation	The ed" or the abbreviation "Con name must contain the v	rn "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		5200 SW 8 ST., STE 1	15	
		MIAMI, FL 33134		
				_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5200 SW 8 ST., STE 1	15	
		MIAMI, FL 33134		
). If amending the registered agent at new registered agent and/or the ne Name of Naw Registered Agent	nd/or registered office add w registered office address _CHANGE OF ADDRESS	<u>::</u>	gonic of the	
	5200 SW 8 ST., STE 115		**************************************	207
	(Florida str	eet uddress)		1 2022 OCT
New Registered Office Address:	MIAMI		, Florida 33134	G .
		(City)	(Zip Code)	8 ;
ew Registered Agent's Signature, it c hereby accept the appointment as regist			ions of the position.	MII: 2
	Signature of New R	egistored Agent, if changin	g	
lheck 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)

Example:

To:

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 Doc 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 Doc		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	TiEe	Name	<u>Addres</u> s	
1) XX Change	P	CHANGE OF ADDRESS	5200 SW 8 ST., STE 115	
Add			MIAMI, PL 33134	
Remove				
2) XX Change	VP	CHANGE OF ADDRESS	5200 SW 8 ST., STE 115	
Add			MIAMI, FL 33134	
Remove 3) XX Change	<u>s</u>	CHANGE OF ADDRESS	5200 SW 8 ST., STE 115	
Add		•	MIAMI, FL 33134	
Remove			1 .	20
4)Change				7021 o
\/\dd				OCT I
Remove				8 . II
5) Change				# Ö
Add			اراً الرابع معنى المستخدم	
Remove			**************************************	2
6) Change			-	
Add				
Remove				

To:

	·		
		_	
		_	
	···		
			
			
	 :		
)			
		_ _	
	 		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		2022	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	.•	2 0	- 1
(if not applicable, indicate N/A)		-5	
	<u> </u>		
		α	٠
	()	_=	į t
		=	(=
	· ,.		~40
		_∼	

e date of each amendment(s) at	~~;v1xv11;	
e this document was signed.		, if other than the
fective date <u>if applicable</u> :		
	(no more than 90 days after amendmen	nt file date)
ter If the date inserted in this be nument's effective date on the De	lock does not incet the applicable statutory filing reputiment of State's records.	equirements, this date will not be listed as the
option of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors with	tout shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east fficient for approval.	for the amendment(s)
The amendment(s) was/were app must be separately provided for	toved by the shareholders through voting groups. The each voting group entitled to vote separately on the	"he following statement amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approv	va!
b y	(wing group)	
	(witing group)	
18/10/0003		
10/18/2022 Dated	<u> </u>	
Signature	Mrs/	
	rector, president or other officer - if directors or offi	icers have not been
selected	Thy an incorporator – if in the hands of a receiver, used fiduciary by that fiduciary)	trustee, or other court
	COSME I DE LA TORRIENTE	2
· · · · · · · · · · · · · · · · · · ·	(Typed or printed name of person signing	
	s	
	(Title of person signing)	
		2 20 1