5 95645

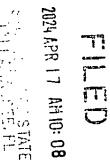
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TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: CME Arma, Inc.				
DOCUMENT NU					
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.			
Please return all co	orrespondence concerning this ma	tter to the following:			
	Thomas H. Oehmke				
		Name of Contact Pers	on		
	Ross, Brovins & Ochmke PC				
		Firm/ Company			
	11997 E Camp Haven Rd				
	Address				
	Northport MI 49670				
	·····	City/ State and Zip Co	ode		
	KO@CMEarma.com				
	E-mail address: (to be us	sed for future annual repo	ort notification)		
For further information	ation concerning this matter, plea	se call:			
Thomas H. Oehml	x c	305	735.4044		
Nai	me of Contact Person		Code & Daytime Telephone Number		
Enclosed is a check	k for the following amount made	payable to the Florida De	epartment of State:		
S35 Filing Fee	E □\$43.75 Filing Fee & Certificate of Status	S43.75 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 Fallahassee, FL 32314	Ame Divis The	et Address Induction Induction of Corporations Centre of Tallahassee Induction of Notice 10		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CME Arma, Inc.

FILED

Civit, Atma, mc.			· · · · · ·	fee, Lat
(Name	of Corporation as current	ly filed with the Florida De	ept. of State)	
S95645			2024 APR 17	80 :01 HA
	(Document Number o	of Corporation (if known)	SFr.,	, C_STATE
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	** * = - · · ·	amendment(s) t
A. If amending name, enter the new n	ame of the corporation:			
Not applicable				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc," or "Co". 1	A professional corporation		- n "Corp.,"
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		Not applicable		
Principal office address MUST BE A S	IKEEI ADDRESS)			
				
				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		Not applicable		
				
D. If amending the registered agent an new registered agent and/or the ne			name of the	
Name of New Registered Agent	Not applicable			
	(Florida st	rees address)		•
New Registered Office Address:	Not applicable		. Florida	
<u>rew negasierea Office naaress</u> .		(City)	(Zip C	ode)
New Registered Agent's Signature, if o				
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligati	ons of the position.	
	Signature of New F	Registered Agent, if changing		
	g i g i thi i		<u> </u>	
Check if applicable		()		
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11)	(e), r.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	PT	John Do	<u>»c</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l) Change		_	Not applicable	
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sh ticle 4: CAPITAL ST	eets, if necessary). (Be specific) OCK: The number of shares which CME Arma, Inc. is authorized to have outstanding at any one
	00 shares to 2,000 shares. PAR VALUE \$100.00.
	
·=	
	·
, , , 	
If an amandment n	rovides for an exchange, reclassification, or cancellation of issued shares,
provisions for imp	lementing the amendment if not contained in the amendment itself:
(if not applicat	ole, indicate N/A)
•	
	· · · · · · · · · · · · · · · · · · ·

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	02/23/2024	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	05/2014	
Effective date <u>if applicable</u> :	(no more than (00 days after amendment file date)
	(no more man	values after amenament fite autor
Note: If the date inserted in this be document's effective date on the De		cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or	board of directors without shareholder action and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	•	ne number of votes cast for the amendment(s)
		rough voting groups. The following statement vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/we	ere sufficient for approval
by		."
, <u> </u>	(voting group)	
04/15/2024 Dated Signature	The I	/
selecte		icer – if directors or officers have not been ne hands of a receiver, trustee, or other court
	Katherine Owen-Yasgar	
	(Typed or printed	name of person signing)
	President	

(Title of person signing)