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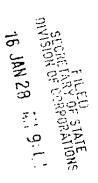
(Re	questor's Name)		
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JAN 29 2016 C McNAIR

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: DM ACCOUNTING SCRUIUS, INC.				
DOCUMENT NUMBER: POSCOCO95 647				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:		
	Elizabetr	Name of Contact Perso		
Name of Contact Person				
DM Accounting Services, Inc.				
Firm/ Company				
	6161 Blue	Lagoon Dr.	Suite 260	
		Address		
	Miami	,FL 33124		
	City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
SA	ME AS ABOVE	at (78 6) 275-0175	
Name o	Name of Contact Person at (786) 275-0175 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Mai	ling Address	Street	Address	

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



DM Accounting Services, Inc.

(Name o	f Corporation as current	lly filed with the Florida Dept. of State)		
P080	000095647			
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation: A If amending name, enter the new na		Florida Profit Corporation adopts the following amendment		
numerous summer their the new sign	ine of the corporation.			
	ation "Corp," "Inc," or	The new on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6161 Blue Lagoon Dr.		
		Suite 260		
		Miami, FL 33124		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6161 Blue Lacyoon Dr.		
		Suite 260		
		Miami, FL 33124		
D. If amending the registered agent an new registered agent and/or the new				
Name of New Registered Agent				
	Leller Brue La	reet address)		
New Registered Office Address:	Miami	, Florida 3312.6		
		(City) (Zip Code)		
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		it: with and accept the obligations of the position.		
	Signature of New	Registered Agent, if changing		

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.

X Change	<u>PT</u>	John Doe	<u>.</u>		
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					
Add	•				1000
Remove	•				
2) Change	-		<u> </u>		
Add		/ `			
Remove					_
3) Change		_ /			
Add					
Remove				· · · · · · · · · · · · · · · · · · ·	·
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Add				\	
Remove	/′				
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

-	Articles, enter change(s) here: y). (Be specific)		
			
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an amendment provides for an	vehanga vadlassification or ca	ncollation of issued theres	
rovisions for implementing the	mendment if not contained in t	he amendment itself:	
(16 1. 11 1)		
(ij not applicable, indicate N/A			
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(ij noi applicable, îndicale N/2			
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(IJ not applicable, indicate N/A			
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
_	
Effective date if applicable: 2/1/16 (no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting a must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	27
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shar action was not required.	reholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	lder action and shareholder
Dated Y22/16	
Signature Tablet A Mus	
(By a director, president or other officer - if direc	
selected, by an incorporator — if in the hands of a appointed fiduciary by that fiduciary)	receiver, trustee, or other court
Elizabeth D.M	anso
(Typed or printed name of person	son signing)
President	
(Title of person sig	mina)