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COVER LETTER

Division of Corp			
NAME OF CORPO	RATION: fmsbonds,	Inc.	
DOCUMENT NUM			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Lisa N. Kaufman		
		Name of Contact Person	1
	Law Office of Lisa	a N. Kaufma <u>n,</u> P	.A
	- 177	Firm/ Company	
	2807 Poinciana (Circle	
		Address	
	Cooper City, FL 3	33026	
		City/ State and Zip Code	•
N A C	Saligaaha@fmaha	nda com	
INIS	Seligsohn@fmsboi		
	E-mail address: (to be us	sed for future annual report	notincation)
For further information	on concerning this matter, pleas	se call:	
Lisa N. Kauf	man	954	534-9419
		at (954	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)
Ma	illing Address	Street	<u>Address</u>
An	endment Section	• ,	lment Section
Division of Corporations		Division of Corporations Clifton Building	
). Box 6327		i Building Executive Center Circle
Ta	liahassec, FL 32314	· · · · · · · · · · · · · · · · · · ·	assee, FL 32301

Facsimile from:

LAW OFFICE OF LISA N. KAUFMAN, P.A. 2807 Poinciana Circle Cooper City, FL 33026 (954)534-9419 LNKTM@HOTMAIL.COM

VIA FACSIMILE TO: (850)245-6897

ATTENTION: Darlene Connell Florida Secretary of State-Division of Corporations Corporate Amendment Section

Date: June 5, 2015

Number of Pages (excluding cover sheet): 7

Re: fmsbonds, Inc. Name Change Amendment mailed May 8, 2015 and missing- document No. 582030

Darlene,

Maybe the third time will be the charm. Since the original documents can't be located in your office and since my e-mail to you yesterday of the documents didn't reach you, hopefully this fax gets to you.

As we discussed yesterday and today, I mailed in the attached name change amendment forms to your office on May 8, 2015. I am attaching copies of all the documents I sent including:

- 1. A formal cover letter (attachment 1)
- 2. The form cover letter and form amendment document as executed (attachments 2-6)
- 3. A copy of the cancelled check (attachment 7)

lease call me at the above phone number to confirm your receipt of these cuments. Thank you for your assistance.

lally,

. Kaufman

Commence of the second

LAW OFFICE OF LISA N. KAUFMAN, P.A. 2807 Poinciana Circle Cooper City, Florida 33026 Phone (954)\$34-9419

Facsimile (954)534-9419 *51 e-mail LNKTM Chotmail.com Intellectual Property Law

May 8, 2015

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

Re: Name Change Amendment for finsbonds, Inc.
Document Number 582030

Dear Amendment Section:

Enclosed is the executed form for the Articles of Amendment for finsbonds, Inc. as well as a copy. The corporation has changed its name from lower case letters to FMSbonds, Inc. Please record this name change and send all correspondence to the undersigned at the above address. Should you need to reach me by e-mail, my e-mail address is LNKTM@hotmail.com.

Check number 59956 from the company in the amount of \$52.50 is enclosed to cover the cost of the Amendment filing fee as well as a Certified Copy and a Certificate of Status Copy.

Should you have any questions regarding this request, please call me at (954)534-9419.

Sincerely Sangar

Thank you for your attention to this matter.

Enclosures

Articles of Amendment to Articles of Incorporation

FHED

fmahaada laa	
msbonds, Inc.	15 MAY 15 PH 4: 52
(Name of Corporation as currently	filed with the Florida Dept. of State)
582030	
(Document Number o	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendu
. If amending name, enter the new name of the c	corporation;
MSbonds, Inc.	The ne
Enter new principal office address, if applicable rincipal office address MUST BE A STREET AD Enter new mailing address, if applicable:	
(Mailing address MAY RE A POST OFFICE BO	2%)
(Mailing address <u>MAY BE A POST OFFICE BO</u>	ered office address in Florida, enter the name of the
(Muiling address MAY RE A POST OFFICE BO If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BO If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the

06/05/2015 02:49 Same Same

> 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	John Doe	
X Remove	¥	Mike Jones	
_X Add	<u>22</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change		T	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

۸	th additional sheets, if necessary). (Be specific	"
		<u></u>
LIAN A	Amendment provides for an exchange, reclas- irions for implementing the amendment if no	sincetion, or cancellation of listed toares
<u> </u>	(if not applicable, indicate N/A)	T. VOLUME TO THE TOTAL OF THE T
/A		
רתו		

The date of each amendment(s) as date this document was signed.	doption: April 30, 2015	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	5/05/15	
Cina-tura	alle .	
selecto	d, by an incorporator — if in the backs of a receiver, trustee, or other court ted fiduciary by that fiduciary	
	James A. Klotz	
•	(Typed or printed name of person signing)	 -
	President	
	(Title of person signing)	