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COVER LETTER

TO: Amendment Section Division of Corporations

1

NAME OF CORPORATION: FAIMS Consulting Inc.		
DOCUMENT NUMBER: <u>P0600073750</u>		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
David C Name	arderas e of Contact Person	
FAIMS	Consulting, Ir	<u> </u>
- 3390 Harm	ess Circle Address	
Wellington	FL 33449 State and Zip Code	
Formscorsi E-mail address: (to be used for	uting eamail. (<u>lom</u>
For further information concerning this matter, ple	ase call:	
DAVID Cardenas Name of Contact Person	at (501) 710-20 Area Code & Daytime Tele	e(o (o
Enclosed is a check for the following amount made	·	•
\$35 Filing Fee \$\times \text{ \$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to

	F	IL	ED
1.1	SEP :	30	PH 12.

	Articles of Incorporation	• 1 = [
_	of	11 SEP 30 PH
FAIMS (ons	ulting Inc	- 00 PM
(Name of Corporation as curr	ently filed with the Florida Dep	t. of State) FALLAHASSEE FI
P0600	0073750	TOUL F
(Document Nur	mber of Corporation (if known)	······································
suant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	06, Florida Statutes, this Florida	Profit Corporation adopts the fo
If amending name, enter the new name o	of the corporation:	
		The nev
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>	ET ADDRESS)	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or	registered office address in Flor	ida, enter the name of the
(Mailing address <u>MAY BE A POST OFF)</u> If amending the registered agent and/or new registered agent and/or the new registered	registered office address in Flor	ida, enter the name of the
(Mailing address <u>MAY BE A POST OFF)</u> If amending the registered agent and/or	registered office address in Flor	ida, enter the name of the
(Mailing address <u>MAY BE A POST OFF)</u> If amending the registered agent and/or new registered agent and/or the new registered	registered office address in Flor	
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address in Flor stered office address:	

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)

<u>Title</u>	Name	Address	Type of Action
16	Maria Andrea Carden	as 3390 Harness Circ Wellington, FL 3344	Add Remove
- \ 	 		_
			_
	ng or adding additional Articles, enter litional sheets, if necessary). (Be speci		
provision	endment provides for an exchange, rec is for implementing the amendment if applicable, indicate N/A)		

The date of each amendment(s) adoption:				
	(date of adoption is required)			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.			
	re approved by the shareholders through voting groups. The following statement d for 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder			
Dated	9/28/11			
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
	(Typed or printed name of person signing)			
(Title of person signing)				
	(Time of belong signing)			