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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: <u>CMZ S</u>	ervices Inc.			
DOCUMENT NUMB	705.000				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
-	Ă	Zoynan Ovico Name of Contact Person	<i>lo</i>		
	Y				
-	CMZ Service Inc.				
	1800 NW 88+ Way				
-	1800 NW 88 ^{+b} Way Address Pembroke Pines FL 33024 City/ State and Zip Code				
-		City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, pleas	se call:			
Zoynan Dviedo at 305 495-2385					
Name of Contact Person 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)		
Ame Divis	ing Address ndment Section ion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314 i

Articles of Amendment to Articles of Incorporation of

ELED					
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	Allacat, Flagga				

CMZ Services Inc.	CONTRACTOR PLANTIA
(Name of Corporation as currently filed with	the Florida Dept. of State)
P01000075891	
(Document Number of Corpora	ation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:
Restoring Flore Inc.	The May
name must be distinguishable and contain the word "corp". "Corp.," "Inc" or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrevi	The new poration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the fation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	Pembroke Pines, FL 33024
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1800 NW 88th Way Pembroke Pines, FL 33024
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Fle	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the position.
Company - CN - D	stand fourt if changing
Signature of New Regi	stered 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.

Example:	, ana bar	y Smith, SV us un Aud.	
X Change	<u>PT</u>	John Doe	
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			
Remove			
2) Change	**********	F	_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<i>-</i>		
Add			
Remove			
6) Change			<u></u>
Add			~
Remove			

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n amendment pro	vides for an excha	nge, reclassificat	ion, or cancell	ation of issued	shares,	
udalona for im-1	menting the amend	iment if not con	ained in the ar	<u>nendment itse</u>	<u>lf:</u>	
	, indicate 1071)					
(if not applicable						
(if not applicable						
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The date of each amendment(s) adoption: April 28, 2014 date this document was signed.	_, if other than the
Effective date if applicable: April 28, 2014	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated April 28, 2014	
(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)	
Zoynan Oviedo (Typed or printed name of person signing)	- -
Director/Owner	_
(Title of person signing)	