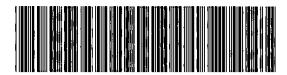
## P07000091710

· (Re	questor's Name)	
(Add	dress)	
(Add	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

Amend

T

SEP - 2 2019

TO: Amendment Section Division of Corporations							
NAME OF CORPORATION: DMS Su	Istems, Inc.						
DOCUMENT NUMBER: <u>P0700091710</u>							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this material states and the states of the states are the states and the states are the states ar	ter to the following:  Contact Person						
AM5 Sys,	fems, Anc.						
3,801 Souta	Ocean Bive						
Hollywood H. 33019 City/State and Zip Code							
E-mail address: (to be used for fi	a Gmail Com  Iture annual report notification)						
For further information concerning this matter, please call:  Attack  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 & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)						
Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Amendment Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301						



August 3, 2010

DAVID SAVITCH 1400 NW 9TH AVE APT 10 BOCA RATON, FL 33486

2ND ML

SUBJECT: DMS SYSTEMS, INC. Ref. Number: P07000091710

We have received your document for DMS SYSTEMS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The name of the entity must be identical throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 710A00016863



July 12, 2010

ADAM SAVITCH DMS SYSTEMS, INC. 3801 OCEAN DR STE 15K HOLLYWOOD, FL 33019

SUBJECT: DMS SYSTEMS, INC. Ref. Number: P07000091710

We have received your document for DMS SYSTEMS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 710A00016863

## **Articles of Amendment**

te

Articles	of Incorpo	ration		2010 AUG 3  TALLAHAMAN	1
	of /			2010 .	' {
DMS Syst	tems	ILA	Ci.	all AUG 3	·/
(Name of Corporation as currently file	d with the F	lorida Dept. o	of State)	TAUCRETAL	•
Pd 7 <i>0000</i> 9	7/7/6	)		- AUG 3 TALLAHAMA -	$G_{F}$
(Document Number of Co	orporation (	if known)			. F
uant to the provisions of section 607.1006, Floridandment(s) to its Articles of Incorporation:	a Statutes, ti	his <i>Florida Pr</i>	rofit Corpoi		
f amending name, enter the new name of the corp	poration:	•			
				The	
reviation "Corp.," "Inc.," or Co.," or the designate must contain the word "chartered," "professional Enter new principal office address, if applicable: ncipal office address MUST BE A STREET ADDR Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX"	association	" or the abbr	eviation "P		
f amending the registered agent and/or registered new registered agent and/or the new registered of			a, enter the	name of the	
		-			
Name of New Registered Agent:			- <u></u>	•	
New Registered Office Address:	(Florida si	reet address)			
			, Flo	rida	
	(City)		(Zip Code		
v Registered Agent's Signature, if changing Regist	torad Accord				
reby accept the appointment as registered agent. I can			ot the obliga	itions of the positi	ion.
	•	- <b>.</b>	, 3	<b>y</b>	
<u></u>	. (N - D	istored Agent	2C -1 ·		

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Type of Action Address Remove ☐ Remove ☐ Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s)	March 28 2010
The Care of each amenument(s)	(date of adoption is required)
Effective date if applicable:	100 1, 2010
(no	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.
The amendment(s) was/were a must be separately provided fo	pproved 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	19
· (vo	ting group)
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated La	415,2010
(By a di	irector, president or other officer - if directors or officers have not been
sel <del>e</del> cted	I, by an incorporator - if in the hands of a receiver, trustee, or other court
арронно	ed fiduciary by that fiduciary
·	Adams Saviteh
	(Typed or printed name of person signing)
•	tresident
	(Title of person signing)