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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Littly Name)			
(Document Number)			
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Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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Amend + M/C

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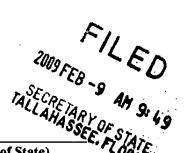
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	M Wise, INC.
DOCUMENT NUMBER: P07	000 130625
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
<u>Cathe</u>	rine (Wise) La Roe me of Contact Person)
Cm	(Firm/Company)
33206	Irongate Dr. (Address)
Lees bura	Florida 34788 y/State and Zip Code)
For further information concerning this mat	ter, please call:
	at (352) 406-1761 (Area Code & Daytime Telephone Number)
_	nt made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status	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	Street Address Amendment Section Division of Corporations Clifton Building
Tallahassee FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



	of		ALLAFIAD	OF 34 45
CM	Wise	Inc.	ALLAHASSEE L. of State	OF STATE 45
(Name of Corporation as co			. of State)	TORIF
P070	0013010	25	•	.од
	Number of Corporati	 		
Pursuant to the provisions of section 607. following amendment(s) to its Articles of In	•	tes, this <i>Florida</i>	Profit Corporation	n adopts the
A. If amending name, enter the new nam	e of the corporation	<u>n:</u>		
C.M.	La Roe	Inc.		
The new name must be distinguishable "incorporated" or the abbreviation "Corp" "Co". A professional corporation massociation," or the abbreviation "P.A."	e and contain the o.," "Inc.," or Co.	word "corpor ," or the design	ation "Corp," "In	c," or
B. Enter new principal office address, if (Principal office address MUST BE A STR				
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF				
D. If amending the registered agent and/ new registered agent and/or the new i			ida, enter the nam	e of the
Name of New Registered Agent:		rine U	La Ro	e .
New Registered Office Address:	<u>35 200</u> (Flori	o Irone ida street address	gate or.	
	Lesb	<u>urg</u> (City)	Florida (Zip C	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>	<u>Name</u>	<u>Address</u>	Type of Action
	Mind to the second		
			Add Remove
			Add
	-		
provisi	mendment provides for an excons for implementing the amount applicable, indicate N/A)	change, reclassification, or cancella endment if not contained in the am	ntion of issued shares, endment itself:

The date of each amendment(s) a	doption:	1-31-2009
Effective date if applicable:		
(no	more than 90 days after	r amendment file date)
Adoption of Amendment(s)	(CHECK ONE	9
The amendment(s) was/were adby the shareholders was/were su	-	ers. The number of votes cast for the amendment(s)
•	•	ders through voting groups. The following statement the description of
"The number of votes cast	for the amendment(s) wa	as/were sufficient for approval
by	ing group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(vot	ing group)	
The amendment(s) was/were ad action was not required.	opted by the board of dir	irectors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporato	ors without shareholder action and shareholder
Datedg	an. 31, 20	09
selected,		r officer Vif directors or officers have not been in the hands of a receiver, trustee, or other court
		ine J. La Roe led name of person signing)
, 	Regist	tered Agent/Presidu