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SAUCHAY OF STATE
JALLAHASSEE FLORIDA

100R 8/25/14

COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: MUSZAM I ER: P1000005684		NC
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	CARLOS M. SAM	ILUT, CPA	
•		Name of Contact Persor	
-	CMS INTERNATI		PRISES, INC
	550 BILTMORE V	Firm/ Company VAY, SUITE 200	0
•		Address	
	CORAL GABLES	, FLORIDA 331	34
•		City/ State and Zip Code	2
CS	AMLUT@SAMLU	T.COM	
	_	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
CARLOS SA	MLUT	_{at (} 305	, 461-9518
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	ortment 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)
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 Articles of Incorporation of

FILED

MUSZAM INVESTMENT INC		1 7220
(Name of Corporation as currently filed with the	Florida Dept. of State)	2014 AUG 18 PM 4: 00
P1000056846		SELECTARY OF STATE
(Document Number of Corporation	(if known)	TALEAHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is <i>Florida Profit Corporation</i> ado	pts the following amendment(s) to
·		
A. If amending name, enter the new name of the corporation:		
EM RESOURCE ENTERPRISES, INC		The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporati	
P. Enten new principal office address if applicable.	N/A	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Francisco de l'accordination de la constitución	ALIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name	of the
new registered agent and/or the new registered office addre	<u> </u>	
Name of New Registered Agent SAME		
(Florida :	street address)	
Navy Pagintary d Office Address	, Florida	
New Registered Office Address:(Cit		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.		of the position
т негеоу ассерт те арронитет as registerea agent. Тат јатиа	with and accept the obligations	oj me posmon.
Cianatina of Man Desistan	d taget if shareing	
Signature of New Registered	a Ageni, ij cnanging	

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_	N/A	N/A
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
(———				
6) Lange		_		
Add				
Remove				

provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	(Atta	h additional sheets, if necessary). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Ά	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Ifar	amendment provides for an exchange reclassification or cancellation of issued shares.
	pro	visions for implementing the amendment if not contained in the amendment itself:
I/A		(if not applicable, indicate N/A)
	l/A	
	-	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cour	•
appointed fiduciary by that fiduciary)	.
Manuel Mu Storen-	
(Typed or printed name of person signing)	
Resident.	
(Title of person signing)	