P13000076042

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8/10/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _MasteryWorks, Inc.

DOCUMENT NUMBER: P13000076042

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gosia J. Bochenek

Name of Contact Person

Cochran Allan

Firm/ Company

8000 Towers Crescent Drive, Suite 160

Address

Tysons Corner, VA 22182

City/ State and Zip Code

gbochenek@cochranallan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gosia J. Bochenek

Name of Contact Person

at (703) 847-4482

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)

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 Articles of Incorporation \mathbf{of}

FILED

MasteryWorks, Inc.

2014 FEB - 3 PM 4: 38

(Name of Corporation as currently filed with the Florida Dept. of State) P13000076042

SEURL HANT OF STATE
TALLAHASSEE, FLORIDA

nent(s) to

(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation	<u>:</u>
The name of the corporation is CMST (Consulting, Inc.
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviati	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	IN/A
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent N/A	
(Floria	la street address)
New Registered Office Address:	Florida
	, Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am famil	
Signature of New Register	red 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: X Change	<u>PT</u>	John Doe			
X Remove	V	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
1) Change	N/A				
Add			<u> </u>		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add	 -				
Remove					

E. <u>If amen</u> Attach 6	ding or adding additional A additional sheets, if necessary	rticles, enter change c) (Be specific)	(s) here:	
N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, (== : , =: , , ,		
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provis	mendment provides for an entions for implementing the all foot applicable, indicate N/A)	mendment if not com	ion, or cancellation of is ained in the amendmen	sued shares, titself:
IN/A				

The date of each amendment(s) adoption: January 28, 2014	, if other than the
date this document was signed.	
Effective date if applicable: January 31, 2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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" (voting group)	
(voting group)	
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 January 31, 2014	
Signature Mary Michaele Farrer	
(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)	
Mary Michaela Farren	
(Typed or printed name of person signing)	
President	
(Title of person signing)	