## P150000 47832

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MATHSIM 2 INC.				
DOCUMENT NUMBER: P15000047832				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this man	tter to the following:			
PINA YADONISI				
	Name of Contact Person			
CASYA BUSINESS SOLUT	TIONS CORP.			
	Firm/ Company			
15800 PINES BLVD SUITE	• •			
	Address			
PEMBROKE PINES FL 330	27			
	City/ State and Zip Code			
CASYABUSINESS@YAHOO.CO	PM			
E-mail address: (to be us	ed for future annual report notification)			
For further information concerning this matter, please call:				
PINA YADONISI	at (at (			
Name of Contact Person Area Code & Daytime Telephone Num				
Enclosed is a check for the following amount made p	payable to the Florida Department of State:			
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 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

FILES SPORETARY OF STATE DIVISION OF CORPORATIONS

MATHSIM 2 INC.

15 JUL 24 AM 9: 13

	WATISIWI 2	1140.	19 30F 54 HU 3. 12
( <u>Nar</u>	ne of Corporation as currently	filed with the Florida D	ept. of State)
	P150000478	32	
	(Document Number of	Corporation (if known)	
tursuant to the provisions of section 6 s Articles of Incorporation:	07.1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendment
. If amending name, enter the new	v name of the corporation:		
ame must be distinguishable and o "Corp.," "Inc.," or Co.," or the des vord "chartered," "professional asso	signation "Corp," "Inc," or "C	o". A professional corp	
B. Enter new principal office addre Principal office address <u>MUST BE</u>			
C. Enter new mailing address, if a (Mailing address MAY BE A PO)			
). If amending the registered agent new registered agent and/or the		ss in Florida, enter the n	ame of the
Name of New Registered Age	nt		
	(Florida stree	et addrass	
		a uuaressy	
New Registered Office Addre		City)	
New Registered Office Addre	if changing Registered Agent:	City) ith and accept the obligati	, Florida (Zip Code)
<del>-31 11 11 11 11 11 11 11 11 11 11 11 11 1</del>	Signature of New Re	gistered Agent, if changin	g

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 <math>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.

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)	Title	Name	<u>Addres</u> s
1) Change	VP	SIMON SOLEMAN	18201 COLLINS AVENUE
X Add			UNIT 2002
Remove			NORTH MIAMI BEACH, FL 33160
2) Change			<del></del>
Add			
Remove			
3 ) Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

-	sary). (Be specific)	ange(s) here: )		
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	n exchange, reclassi	ification, or cancella	tion of issued shares lendment itself:	is.
provisions for implementing the	e amendment if not	contained in the an		
an amendment provides for an provisions for implementing the (if not applicable, indicate N	e amendment if not	contained in the an		
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provisions for implementing the	e amendment if not	contained in the an		
provisions for implementing the	e amendment if not	contained in the an		
provisions for implementing the	e amendment if not	contained in the an		
an amendment provides for a provisions for implementing th (if not applicable, indicate N	e amendment if not	contained in the an		

07/01/2015	
The date of each amendment(s) adoption:	<u>graphs</u> , if other than the
date this document was signed.	
07/01/2015	SPORETARY OF 164% DIVISION OF CORRESTATION
Effective date if annicable	
(no more than 90 days a	fter amendment file dam JUL 24 AH 9: 13
<b>Note:</b> If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by	••
(noting aroun)	<del></del>
(voung group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shar action was not required.	eholder action and shareholder
07/01/2015	
Dated _	
^ ///	
CH/K/	
Signature	
(By a director, president or other officer - if d	irectors or officers have not been
selected, by an incorporator - if in the hands	
appointed fiduciary by that fiduciary)	
YOSSEF S. SOLEMAN	
(Typed or printed name of	person signing)
president	-
(Title of person	n signing)

. S. C. C.