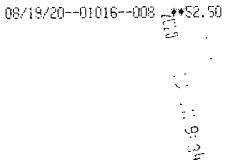
## 9084

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CMS FI	nancial Inc.				
DOCUMENT NUMBER: P\6000	009084				
The enclosed Articles of Amendment and fee are submittee	I for filing.				
Please return all correspondence concerning this matter to t	he following:				
Joshua	Cacho ne of Contact Person				
DO POX	Firm/ Company 108215				
Altamonte Springs, FL 32716  City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Joshua Cacho Name of Contact Person	at (407), 780 – 981D Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
Certificate of Status Ce (Ac	13.75 Filing Fee & LS52.50 Filing Fee certified Copy Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address	Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

to
Articles of Incorporation

210000000	1084	
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amen	dment(s) to
A. If amending name, enter the new name of the corporatio	on:	
Morality Inc		
name must be distinguishable and contain the world "corporation	n, " "company," or "incorporated" or the abbreviation "Company,"	пе <i>w</i> rp., ''
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "	)". A professional corporation name must contain the v	vord
charterea, projessional association, or the aobreviation		1.0
B. Enter new principal office address, if applicable:	4700 Millenia B	<u>IU</u> .
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Vinte 15	
	S-1940 C/ 3283	$\overline{\gamma}$
	<u>01 W100/PC 360)</u>	4
C. Enter new mailing address, if applicable:	11700 millania R/V	V
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del></del> .
	SVITE 115	_
	Drlando, FL 32830	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-		
	<del></del>	
Name of New Registered Agent		
(r tori	ida street address)	
New Registered Office Address:	(City) Florida (Zip Code)	<del></del>
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent. I am fam.	iliar with and accept the obligations of the position.	
	$\ddot{\cdot}$	
Signature of A	New Registered Agent, if changing	
Chuali if ampliaulita	9	
Check if applicable  The amendment(s) is/are being filed nursuant to s. 607 0120	(.)	

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: XChange	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			<del></del>
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		<del></del>	
Add Remove			
Kemove			

<u>f amending or adding</u> Attach <i>additional sheets</i>	s, if necessary).	(Be specific)					
						-	
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an amendment provi	ides for an exch	ange, reclassi	fication, or c	ancellation o	f issued shar	es,	,
provisions for implem (if not applicable, i	ienting the ame	ndment if not	contained in	the amenda	ient itself:		
(у погарунични, г	mucuie ivini						
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The date of each amendment(s) adoption: date this document was signed.	011 129 12020	), if other than the
Effective date <u>if applicable</u> :	ON IZQ 12020 (no more than 90 days after amendment	file date)
Note: If the date inserted in this block does in document's effective date on the Department of		quirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>Cl</u>	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		or the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes east for the amo	endment(s) was/were sufficient for approva	ıl
by	oting group)	." ·
Dated	29 17020	<i></i>
selected, by an inc	sident or other officer – if directors or officer or officer or officer or of a receiver, true by by that fiduciary)	
	(Typed or printed name of person signing)	cho
	President	· 
	(Title of person signing)	