

4/2/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H18000104144 3)))



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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : 120020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
FMS INTERNATIONAL INC

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2018 APR -2 PM 3:46

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

2018 APR -2 PM 1:18

FMS

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C. GOLDEN

(((H18000104144 3)))

COVER LETTERTO: Amendment Section
Division of CorporationsNAME OF CORPORATION: FMS INTERNATIONAL INC
DOCUMENT NUMBER: P160000 88308The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCISCO J MORA
Name of Contact Person
FMS INTERNATIONAL INC
Firm/ Company
215 CELEBRATION PLACE, SUITE 520
Address
CELEBRATION, FL 34747
City/ State and Zip Code
FJM@FMS-FILTRATION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCISCO MORA at 561, 327-9364
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$42.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 32314Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

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2018 APR -2 PM 1:18

Articles of Amendment
to
Articles of Incorporation
of

FMS INTERNATIONAL INC

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

P16000089308

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

215 CELEBRATION PLACE
SUITE 520
CELEBRATION, FL 34747

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

" SAME
AS PRINCIPAL

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent SILVAS FINANCIAL SERVICES, LLC
5220 S. UNIVERSITY DR, STE C-102
(Florida street address)

New Registered Office Address: DAVIE Florida 33328
(City) (Zip Code)

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.

Signature of New Registered Agent, if changing

(((H18000104144 3)))

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) ☒ Change: PT FRANCISCO J MORA 475 WATER ST.
☐ Add CELEBRATION, FL 34747
☐ Remove
- 2) ☐ Change V SHERIDAN DICKINSON 50 BISCAYNE BLVD.,
☒ Add UNIT 3411
☐ Remove MIAMI, FL 33132-2905
- 3) ☐ Change D BANIERO MARINICIONI 11240 NW 47 LANE
☒ Add DORAL, FL 33178
☐ Remove
- 4) ☐ Change CEO FERNANDO B VRIEAGA - 20913 ST. ANDREWS BLVD.,
☒ Add DE MARZI APT 41
☐ Remove BOCA RATON, FL 33433
- 5) ☐ Change _____ _____ _____
☐ Add _____
☐ Remove _____
- 6) ☐ Change _____ _____ _____
☐ Add _____
☐ Remove _____

(((H18000104144 3)))

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

ARTICLE IV
THE NUMBER OF SHARES THE CORPORATION IS
AUTHORIZED TO ISSUE IS:
10,000

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

FRANCISCO J MORA, WILL HOLD 4,150 SHARES (41.50%)
SHERIDAN DICKINSON, WILL HOLD 3,500 SHARES (35.00%)
RAVIERO MAKINCIONI, WILL HOLD 2,350 SHARES (23.50%)

(((H18000104144 3)))

The date of each amendment(s) adoption: 01/01/2018, if other than the date this document was signed.

Effective date if applicable: 01/01/2018
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 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)

☐ 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 01/01/2018

Signature [Signature]

(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)

FRANCISCO J MORA

(Typed or printed name of person signing)

PRESIDENT / TREASURER

(Title of person signing)