## P17000001073

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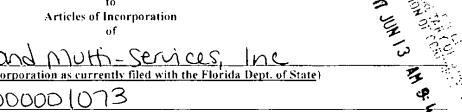
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CMII Tax and North-Services, Inc					
DOCUMENT NUMBER: <u>P1700000</u> 73					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
MONA JEAN  Name of Contact Person  CANT To Transact Alouting Process 5 1					
Name of Contact Person  CMIF Tax + Mutti-Scivices, Inc  Firm/ Company  PO Box 893					
PO BOX 893  Address  Fort Pieru, PL 34954  City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
MONA JEAN at (772) 777 – 1067  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:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status    S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)    Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

## Articles of Amendment



(Document Number of Corporation (if known)

ent(s) to

Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corpora	MOS, MC The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," of word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	- <del></del> -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	~/A
· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered office ac	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addr	
Name of New Registered Agent	<u> </u>
	,
	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent. I am familio	
	11.0
Signature of Ver	V/A  « Registered 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 = ChiefExecutive 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.

X Change	<u>PT</u>	John D	<u>oe</u>			
X Remove	<u>V</u>	Mike Jo	ones			
X Add	<u>SV</u>	Sally S	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address
1) Change		<del></del>		N/A	<del></del>	
Add						
Remove						
2) Change		<del></del>		~/A		
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Remove				1 11-		
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5) Change				NA	<del></del>	
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6) Change		_		NA		
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ttach addition	adding additional Arti al sheets, if necessary).	(Be specific)	- <u>1.1.1.10-1-1</u> .		
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	nt provides for an exch				res,
provisions for (if not app	implementing the amer licable, indicate Not)	ndment if not con	tained in the am	endment itself:	
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	117 more than 90 days after amendment file date)
olo	more than 90 days after amendment file date)
Note: If the date inserted in this block does not med document's effective date on the Department of State'	et the applicable statutory filing requirements, this date will not be listed as the s records.
Adoption of Amendment(s) (CHECK	ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approve	olders. The number of votes cast for the amendment(s) al.
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting groups. The following statement centitled to vote separately on the amendment(s):
"The number of votes east for the amendmen	t(s) was/were sufficient for approval
by(voting gr	W.
(voting gr	oup)
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorpaction was not required.	orators without shareholder action and shareholder
Dated(2/1/17	
Signature	
(By a director, president of	or other officer – if directors or officers have not been
selected, by an incorporat	or - if in the hands of a receiver, trustee, or other court
appointed fiduciary by the	at fiduciary)
M	ONA JEAN
(Турес	ONA JEAN Or printed name of person signing)
	C00
	(Title of person signing)