P170000 92678

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CSI_MPI CORPO	RATION	
DOCUMENT NUM	BER: P17000092678	······································	
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	MONIKA CSIMPOLYAS		
		Name of Contact Perso	on
	CSI_MPI CORPORATION		
		Firm/ Company	
	2251 NE 62ND STREET	, -	
	· · · · · · · · · · · · · · · · · · ·	Address	
	FORT LAUDERDALE, FLO	ORIDA 33308	
	-	City/ State and Zip Coo	de
CSU	MPICORP@GMAIL.COM		
		sed for future annual repor	t notification)
			,
For further information	on concerning this matter, pleas	se call:	
MONIKA CSIMPOLYAS		917	250-7657
Name of Contact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	partment 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		Amen Divisi Cliftor	: Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CSI-MPI CORPORATION (Name of Corporation as currently filed with the Florida Dept. of State) P17000092678 2019 SEP 115 图 多 31 (Document Number of Corporation (if known) CHICARD MAN CARSTATE Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopted the following around the section 607.1006. its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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." 2251 NE 62ND STREET B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) FORT LAUDERDALE, FLORIDA 33308 C. Enter new mailing address, if applicable: 2251 NE 62ND STREET (Mailing address MAY BE A POST OFFICE BOX) FORT LAUDERDALE, FLORIDA 33308 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 (Florida street address) New Registered Office Address: 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

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	<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			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			 -
6) Change			
Add			
Remove			

Tamending or adding additional Ar Attach additional sheets, if necessary)	(Be specific)			
				· · ·
				
		<u> </u>		
	· · ·			
an amendment provides for an exc	hange, reclassification	on, or cancellation o	of issued shares,	
orovisions for implementing the am (if not applicable, indicate N/A)	endment if not conta	ined in the amendn	nent itself:	
(y not appacante, maicute S7A)				
		<u> </u>		-

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	will not be listed as the
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)	
(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 09/10/2019 Signature Ussulle Confolin	
Signature Curyalfur	
(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)	
MONIKA CSIMPOLYAS (Typed or printed name of person signing) PRESIDENT	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_