## P190000 54506

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(Ac	ldress)	
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: CMI CONSULTING	SERVICES, INC.	
DOCUMENT NUMBI	ER:		
	f Amendment and fee are sub	mitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
(	Carlos E. Martinez		
<u>-</u>		Name of Contact Person	
-		Firm/ Company	
:	2937 S.W. 27 Avenue, No. 10	4	
_		Address	
(	Coconut Grove, Florida 3313	<u> </u>	
		City/ State and Zip Code	
!	marlena@marrerotitle.com		
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Carlos E. Martinez		at ( 305	846-9831 de & Daytime Telephone Number
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CMI CONSULTING SERVICES, INC.		
(Name of Corporation as currently	filed with the Florida Dept.	of State)
P19000054506		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	<i>lorida Profit Corporation</i> ado	pts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
BIZTORM, INC.		The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:	ompany," or "incorporated" o professional corporation nat N/A	r the abbreviation "Corp." me must contain the pord  A FEB
(Principal office address MUST BE A STREET ADDRESS)		· س
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	PH  2: 21
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address  Name of New Registered Agent  N/A	ess in Florida, enter the nam	ne of the
(Florida sır	eet address)	<del></del> _
New Registered Office Address:	(City)	Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New Formatter	iwith and accept the obligations Registered Agent, if changing	s of the position.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			2020 FEB
2) Change			TE E
Add			
Remove Change			PH 2:
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)			
N/A			-
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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)			
N/A			
	<del>-</del>		_
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	Janaury 15, 2020	, if other than the
The date of each amendment(s) adopt	ion:	, it other man me
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, ment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte action was not required.	by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	I by the shareholders. The number of votes cast for the amen ient for approval.	dment(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following h voting group entitled to vote separately on the amendment(	statement s):
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dated 131	2020	2020 FEB
selected, b	tor, president or other officer – if the days or officers have no y an incorporator – if in the hands of a receiver, trustee, or of fiduciary by that fiduciary)	her court & D
C	ARLOS E. MARTINEZ	
_	(Typed or printed name of person signing)	21 TIE
PF	ESIDENT	1 • (
_	(Title of person signing)	