

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900333119389

09/09/19==01529 -061 **52.50

19 SEP -9 PM 2: 10

SEP . 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: CRSM CONSULT	ING LLC		
DOCUMENT NUMBE	P19000061949			
The enclosed Articles of	Amendment and fee are su	abmitted for filing.		
Please return all correspondence	ondence concerning this ma	tter to the following:		
		НАМУ БАНМУ СР	A	
		Name of Contact Person		
		US TAX GROUP INC		
_		Firm/ Company	<u></u> -	_
2220 NE 68TH STREET APT 1021				
Address				_
FORT LAUDERDALE, FL, 33308				55
City/ State and Zip Code				رہ۔ — ا
	acc	ounting l@ustaxinternational	.com	, vo
	E-mail address: (to be u	sed for future annual report	notification)	PM 2:
For further information c	oncerning this matter, pleas	se call:		0
HANY FAHMY CPA		786 at (206-9473	
Name of	Contact Person	Area Coc	le & Daytime Telephone Numb	oer
Enclosed is a check for the	he following amount made	payable to the Florida Depar	rtment of State;	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amend Divisio P.O. B	ment Section n of Corporations ox 6327 ssee, FL 32314	Amendr Divisior Clifton 2661 Ex	Address nent Section n of Corporations Building secutive Center Circle see, FL 32301	

Articles of Amendment to Articles of Incorporation of

CRSM CONSULTING LLC

P1	9000061949		
(Document Num	ber of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Statutes. its Articles of Incorporation:	, this <i>Florida Profit Corpor</i>	ation adopts the following	amendment(s) t
A. If amending name, enter the new name of the corporatio	o <u>n:</u>		
CRSM CONSULTING INC			The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia	or "Co". A professional	'incorporated" or the ab	breviation
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			: '
		19 SE	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ģ	
		<u>.</u>	PPORATE
			- 1
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		the name of the	<u>ਲ</u>
Name of New Registered Agent N/A			
(Flori	da street address)		
N ¹ /A	····		
New Registered Office Address:	(Ciṇ)	, Florida(Zip C	ode)
New Registered Agent's Signature, if changing Registered A lereby accept the appointment as registered agent. I am fam.		ligations of the position	
and the state of t	and decept the Ob	nganizar 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>РТ</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			
Kemove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
				
				
<u> </u>	·-			
			<u> </u>	
		·····		
				
	*			
			,	
				
f an amendment provides for an exc provisions for implementing the ame	hange, reclassification	i, or cancellation o	f issued shares, ent itself:	
(if not applicable, indicate N/A)	. Hamelie ii iiot contain	ica iii tiit uiitiitiiii		
		-		
· · · · · · · · · · · · · · · · · · ·				<u>. </u>
				-

	09/06/2019	
The date of each amendment(s) adopt date this document was signed.		if other than the
Effective date if applicable:	09/06/2019	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date will not tment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) tient for approval.	
	ed by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
	09/06/2019	
Dated		
Signature	Gell Stones	
	etor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court	
	fiduciary by that fiduciary)	
	CASEY STAMPS	
_	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	