P200000 95293

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2021 AUG 10 PH II: 58 SECRETARY OF STATE

A. Butter 8/21/21

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CMESS INC		
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MAIMON ELKESLASI		·.
		Name of Contact Person	1
	,		
		Firm/ Company	
	61 LARIAT CIRCLE		•
		Address	
	BOCA RATON, FL 33487		
		City/ State and Zip Code	2
	chacham1maimon@gmail.co	m	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
MAIMON ELKESLASI		at (<u></u> 718) 902-2937 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	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)	S52.50 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		Amend Divisio The Cc 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation

of

CMESS INC

FILED

(Name of Corporation as cur	rrently filed with the Florida Dept. of State) [1: 58
P20000095293	Fort 400 to 1.1111: 28
(Document Num	nber of Corporation (if known) 17 App. OF STATE
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corporation</i> adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	on:
	The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	•
	••
	•
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	·
•	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
<i>tFlor</i> .	ida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	<u>Ngent:</u>
I hereby accept the appointment as registered agent.—I am fam	iliar with and accept the obligations of the position.
Signature of N	New Registered Agent, if changing

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	PT	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith	.1	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	T	MENAHEM EITANI	• 61 LARIAT CIRCLE	
X Add			BOCA RATON, FL 33487	
Remove			,	
2) Change		_	•	
Add				
Remove Change		_		
Add			;	
Remove			. ——	
4) Change		_ •	·	
Add			·	
Remove		·	•	
5) Change		_		
Add				
Remove				
6) Change		-		
Add		•		
Remove			•	

f amending or adding addit Attach <i>additional sheets, if no</i>	cessary). (Be specific)	AST IICIC.	
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f an amendment provides f	or an exchange, reclassifica	tion, or cancellation of issued shares, tained in the amendment itself:	
(if not applicable, indica	ig the amenument if not con	tamed in the amendment usen.	
(9	, , , , , , , , , , , , , , , , , , , ,		
			
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07/22/2021	•
	, if other than the
07/22/2021 Effective date if applicable:	
(no more than 9	90 days after amendment file date)
Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's records.	icable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or action was not required.	board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	· ·
by	
(voting group)	
07/22/2021	
Dated	
Signature MATMON	
(By a director, president or other offi	he hands of a receiver, trustee, or other court
MAIMON ELKESLASI	·
(Typed or printed	name of person signing)
PRESIDENT	
(Title of person si	igning)