## P22000071264

(Re	equestor's Name)	·
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: CMS Special +ies, INC DOCUMENT NUMBER: P22000071264	ė
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michele Maher	
CMS Specialties, INC	•
764 SW Felican CV.	
Pt St Lucie, Ha 34986 City/ State and Zip Code	
Maher MICh @ yahoo. Co E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michele Mahee at 772, 6345702  Name of Contact Person Area Code & Daytime Telephone Number	<u>.</u>
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)	
Marting Address	

## **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment	~-
to Articles of Incorporation	622
Articles of incorporation	- <del></del> 
CMS Specialties, Inc.	· · · — 4=
(Name of Corporation as currently filed with the Florida Dept. of State)	· 7:
P2200007/264	ا ا
(Document Number of Corporation (if known)	<u>.</u>
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	n "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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:, Florida	iode)
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	-
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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
(1) Change	V Marga	ret y Maher
Add	9	410 NW Canterbury
Remove		7+Stucie, +1
2)Change	V Christopher	1 hOTaver
Add		2318SEManor Ave.
Remove 3) Change	I Christopher	2M. Pt St Lucie, H. 34952
X Add	,	GRAVETT
Remove		23185E Marol Ave
4) Change		145+ Lucie, 7134952
Add		<del></del>
Remove		
5) Change		
Add		
Remove		
6) Change		<u>.                                  </u>
Add		<del> </del>
Remove		

Attach additional sheets, if necessar	Articles, enter change(s y). (Be specific)	<del>,</del>			
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f an amendment provides for an	exchange, reclassification	on, or cancellation o	f issued shares,		
provisions for implementing the (if not applicable, indicate N/2	amenament ij not conta ()	inea in the amenam	<u>ent itseit:</u>		
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The date of each amendment(s) a	doption:	10/20	/22	, if other	than the
date this document was signed.  Effective date if applicable:	10/2	20/22 ore than 90 days after	amendment file date)		
Note: If the date inserted in this be document's effective date on the De			ory filing requirements	s, this date will not be list	ed as the
Adoption of Amendment(s)	(CHECK O	NE)			
The amendment(s) was/were addaction was not required.	opted by the incorpor	rators, or board of di	ectors without shareho	lder action and shareholde	r
☐ The amendment(s) was/were add by the shareholders was/were su			f votes cast for the ame	ndment(s)	
☐ The amendment(s) was/were app must be separately provided for					5322
'The number of votes cast	for the amendment(s	s) was/were sufficien	t for approval		اسم
by	(voting grou	ıp)			=======================================
Dated	10/25/	22 D. Mar	-		- ! -:- :::
Signature(By a d	irector, president or o	other officer - if dire	ctors or officers have r	iot been	
			a receiver, trustee, or o	ther court	
арроп	ted fiduciary by that Stepher	n Christ	opee M	aher	
	'(Typed o	or printed name of pe	rson signing)		
	Presto	ent			
	(11116 01)	person signing)			