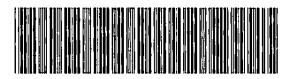
POLOGO 105616

(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:			



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	5 tyles Salm Inc
DOCUMENT NUMBER:	Po20000 105626
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
	Name of Contact Person
<u> </u>	Firm/ Company 7 Fair Castle Lane
	Address October Coast Fl 32137
	City/ State and Zip Code H rode Guesas & Jahw. Low be used for future annual report notification)
For further information concerning this matter \(\lambda \)	, please call:
Numa of Contract Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Certificate of Sta	- /\
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 of

	#1 1 24 A 71 D 1 B 2 A 60
	filed with the Florida Dept, of State)
5-tills Salm I noment	d +020000 105626
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Hamsa S Pa	
name must be distinguishable and contain the word "corporation," "co. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A particular and a second control of the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	7 Florida Palk Dive North Suite E Palm Goast Fl. 32137
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7 Florida Park Dune North Swite E Palm Wast Fl. 32137
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent (Florida stree	r address)
New Registered Office Address:(C	Florida No. (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing
/	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	<u>V</u>	Mike Jones			
_X Add	<u>SV</u>	Sally Smith	ſ		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change				/	
Add			14/		
Remove					
2) Change					
Add					
Remove 3) Change		/_			
Add					
Remove					
4) Change		_/			
Add					
Remove					
5) Change /	/				
Add					
Remove					
6) Change					
Add					
Remove				<u> </u>	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
(Attach adamond sneets, y necessary). (De specific)	
$\langle N \rangle \rangle$	
	
. 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)	
(NA)	

The date of each amer	ndment(s) adoption:	, if other than the
date this document was		, in other man
Effective date <u>if applic</u>	cable:	
	(no more than 90 days after a	amendment file date)
	rted in this block does not meet the applicable statutor, late on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendme	ent(s) (CHECK ONE)	
The amendment(s) vaction was not requi	was/were adopted by the incorporators, or board of directired.	ctors without shareholder action and shareholder
	was/were adopted by the shareholders. The number of vs was/were sufficient for approval.	votes cast for the amendment(s)
	was/were approved by the shareholders through voting g provided for each voting group entitled to vote separate	
"The number of	of votes cast for the amendment(s) was/were sufficient to	for approval
by	(voting group)	
	(voung group)	
Dated	d 4/17/20	
Siens	ature	
	(By a director, president or other officer – if direct selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
	(Typed or printed name of person	odeigues
	(Title of person signing)	ia Rocingua Journer D