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TO:18506176380 FROM:5615375904

Division of Corporations



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H190003264923ABC3

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686

Fax Number : (407)370-3120

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN SCHIMING HOLDING CORP

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COVER LETTER

TO: Amendment Secti Division of Corpo			
NAME OF CORPOR	RATION: SCHIMING HOLD	DING CORP	
DOCUMENT NUME	BER: P16000036116		
	of Amendment and fee are su	binitted for filing.	
Please return all corres	spondence concerning this ma	ter to the following:	
	CAROLINE LARSON		
		Name of Contact Perso	n n
	LARSON ACCOUNTING G	ROUP	
		Firm/ Company	
	7901 KINGSPOINTE PKWY	-	
		Address	
	ORLANDO, FL 32819		
		City/ State and Zip Cod	le
CON	SULTING@LARSONACC.C	'ОМ	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
JOAO SCHIMING		at (370.3686
Name	of Contact Person	и (ode & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address endment Section		Address dment Section
	ision of Corporations		on of Corporations
P.O	Box 6327	Clifto	n Building
Tall	lahassee, FL 32314		Executive Center Circle Bussee, FL 32301

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Articles of Amendment

SCHIMING HOLDING CORP (Name of Corporation as currently filed with the Florida Dept, of State) P16000036116 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "curporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional curporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) N/A N/A N/A N/A N/A N/A N/A N/	Articles of Inco	orporation	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation; N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co", A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "PN. B. Enter new principal office address, If applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address MAY BE A POST OFFICE BOX) N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address: N/A		DING CORP	
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N/A	(Malling address <u>MAY BE A POST OFFICE BOX</u>)		NOT -5
Name of New Registered Agent NIA	new registered agent und/or the new registered office address:	ress in Florida, enter the name of the	0: 31
	Name of New Registered Agent N/A		· ·
(Florida street address)			
New Registered Office Address:, Florida			tZip Coder
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	I hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the pos	sition.

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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)

Example:

Please note the officer/director title by the first letter of the office title:

P = President: V= Vice President: I = 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 1'. There is a change, Mike Jones leaves the corporation, Sally Smith is named the 1' 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.

X Change	ᄞ	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>\$V</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	TREAS	<u> </u>	JOAO V SCHIMING A SANTUCCI	9222 TIBET POINT CIR.
X Add				WINDERMERE FL 34786
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				·
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)
N/A	
	The state of the s
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F. If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

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DocuSign Envelope (D; 2153EA42-5401-43DB-8C64-A8BA56D3A0B0 The date of each amendment(s) adoption: _ , if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 10/29/2019 Dated Daniela Talita Schiming A. Silva Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) DANIELA TALITA SCHIMING A. SILVA (Typed or printed name of person signing) **PRESIDENT**

(Title of person signing)