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SECRETARY OF STATE

C. GOLDEN
JUN 1 4 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SHADDY MOVIN	G SERVICES CORP	
DOCUMENT NUME	D19000041750		<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	NATALIE INFANTE GU.	ARIGLIA	
		Name of Contact Person	n
	BESTAX ACCOUNTING IN	NC	
	·	Firm/ Company	
	183 S STATE ROAD 7	This Company	
		Address	
	MARGATE, FL 33068		
		City/ State and Zip Cod	e e
INFO	@BESTAXACCOUNTING.	COM	
	~	sed for future annual report	notification)
For further information	n concerning this matter, pleas GUARIGLIA	054	969-9992
Name of Contact Person		at (Area Co	ode & Daytime Telephone Number
	r the following amount made		, .
S35 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations i Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

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SHADDY MOVING SERVICES CORP (Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE, FLORIDA P18000044759 (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: SHADDAI MOVING SERVICES CORP 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 "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) 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: JOSE G. ANGARITA HURTADO Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) 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.

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 Do	<u>oe</u>			
X Remove	<u>V</u>	Mike Jo	ones			
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) X Change	<u>P</u>		JOSE G. ANGARITA HURTADO			
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add						
Remove						
0 0						
6) Change			·			
Add						

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
	<u></u>	
· · · · · · · · · · · · · · · · · · ·		
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
 		

•	05/15/2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
0: Effective date <u>if applicable</u> :	5/15/2018	
Interior date it appreciative.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendments sufficient for approval.	(s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and sharehold dopted by the incorporators without shareholder action and shareholder	ier
05/28/21 Dated Signature	la (h to 14 .	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	JOSE G. ANGARITA HURTADO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

* ***