## P20000038848

(R	Requestor's Name)	
(A	ddress)	- <del></del>
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

			**WALK IN**
NAME_	SHM	ASSOCIATES, INC.	
ENT NU	MBER_	P20000038848	
		**PLEASE FILE THE ATTACHED AND RETURN**	
		Plain Copy	
<u>~</u>	-	Certificate of Status	
<del></del>	*1	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY*	•
		Certified Copy of Arts & Amendments	
<del></del>			ab Reports)
		Certificate of Status Reflecting:	
		**APOSTILLE" / NOTARIAL CERTIFICATION**	
OWED \$	43	ACCOUNT # 120140000108 United Corporate Services, Inc.	leith Lepparl
	OF DER	OF DESTINATION OF CERTIFICATE	**PLEASE FILE THE ATTACHED AND RETURN**  Plain Copy  Cartified Copy  Cartificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Cartified Copy of Arts & Amendments  Cartified Copy of Arts & Amendments Complete File (Including Amand Cartificate of Status  Cartificate of Capture Reflecting:  **APOSTILLE' / NOTARHAL CERTIFICATION**  ****  *****  ****  *****  *****  ****

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SHM ASSOCIATE	S. INC.	
DOCUMENT NUM	D200000388.18		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	DOLORES BURTON		
		Name of Contact Person	1
	UNITED CORPORATE SER	VICES, INC.	
		Firm/ Company	····································
	100 STATE STREET		
		Address	
	ALBANY, NY 12207		
		City/ State and Zip Cod	2
	E-mail address: (to be us	ed for future annual report	notification)
	·		,
For further information	on concerning this matter, pleas	e call:	
		at (	)
Name	of Contact Person	Area Co	) de & Daytime Telephone Number
Enclosed is a check fi	or the following amount made p	payable to the Florida Dep	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section In of Corporations Entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

2020 JUN 10 AN 7: 29

SHM ASSOCIATES, INC.		-	
(Name o	of Corporation as current	ly filed with the Florida Dept. of State)	
P20000038848		I.	
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment	(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Control association,"	Corp," "Inc," or "Co"	The new company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word	
B. Enter new principal office address,	if applicable:	6700 Indian Creek Drive, Unit 1502	
(Principal office address MUST BE A S		Miami Beach, FL 33141	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	<u>icable:</u> <i>OFFICE BOX</i> )	6700 Indian Creek Drive, Unit 1502	
		Miami Beach, FL 33141	
D. If amending the registered agent ar new registered agent and/or the new Name of New Registered Agent	nd/or registered office add w registered office addres	ress in Florida, enter the name of the	
June of Few Medicine Light	6700 Indian Creek Drive,	Unit 1502	
	(Florida st	rect address)	
New Registered Office Address:	Miami Beach	33141	
New Negisierea Office Address.		(City)   Florida   (City Code)	
New Registered Agent's Signature, if a I hereby accept the appointment as registered.	changing Registered Agen tered agent. I am familiar	t: with and accept the obligations of the position.	
	Signature of New I	Registered Agent, if changing	
Check if applicable  ☐ The amendment(s) is/are being filed p	oursuant 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 Y. 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	
Type of Action (Check One)	Title	Name	Address
1) Change			<u></u>
Add			
Remove			-
2) Change		<u> </u>	
Add			· · · · · · · · · · · · · · · · · · ·
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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)	JUH 10 ATT
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(s) adopti	on:, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days liften amendment file daile) 29
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficients.	by the shareholders. The number of votes east for the amendment(s) ent for approval.
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes east for the	ne amendment(s) was/were sufficient for approval
by	
	(voting group)
6-10-2020 Dated	
Signature/s/ Far	ah Chowdhury
(By a directon selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
Fara	h Chowdhury
	(Typed or printed name of person signing)
Pres	ident
<del></del>	(Title of person signing)