377998

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HSM ENTERPRISES INC. DOCUMENT NUMBER: 377998
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shirley Rosenblatt Name of Contact Person
Name of Contact Person
HSM Enterprises Inc Firm/Company 4460 Casper Ct Address Hollywood FL 33021 City/State and Zip Code
4460 Casper Ct
Address
Hollywood FL 33021
City/ State and Zip Code
Fromshirl egnail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shirley Rosenblatt at (954) 962 1139 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HSM ENTERPRISES INC.

(Name of Corporation as currently filed with the F	orida Dept. of State)	
377998		
(Document Number of Corporation (if k	nown)	
resuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Con</i> Articles of Incorporation:	poration adopts the following an	mendment(s)
If amending name, enter the new name of the corporation:		
	Th	ie new
me must be distinguishable and contain the word "corporation," "company," of Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profession of "chartered," "professional association," or the abbreviation "P.A."		
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	SER	7
If amending the registered agent and/or registered office address in Florida, en	tor the name of the	TO 2
new registered agent and/or the new registered office address:	ter the name of the	
Name of New Registered Agent		D my
	IDA IDA	<u></u> 5
(Florida street address)	<u> </u>	
	. Florida	
New Registered Office Address: (City)	, r ioriua	

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 <math>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.

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	<u>Addres</u> s
1) Change		Sharai Perkes	3537 Emerald Dales Dr
X Add			Hollywood FL 33021
Remove			
2) Change		_	
Add			·
Remove			
3)Change			
Add			
Remove			·
4) Change			-
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

(Attach	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
provi	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself: Inot applicable, indicate N/A)

	, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
(no m	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as records.
Adoption of Amendment(s) (CHECK C	<u>ONE</u>)
☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval	
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group of	
"The number of votes cast for the amendment(s) was/were sufficient for approval
by	."
(voting gro	up)
☐ The amendment(s) was/were adopted by the board o action was not required.	f directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorpo action was not required.	rators without shareholder action and shareholder
Dated 5-15-2017	
Signature(By a director, president or	other officer if directors or officers have not been
	or – if in the hands of a receiver, trustee, or other court
Sh	or printed name of person signing)
_ Presi	dent
	(Title of person signing)