K53818

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SECIETARY DE JAMES DIVISION SECRETARY DE CEREMENT ALLEREN

JAN 20 2016

C LEWIS

COVER LETTER

NAME OF CORPORATION:

Serome T. Shatsky fa

DOCUMENT NUMBER: K53818

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Serome T. Shatsky
Name of Contact Person

Firm/ Company

Local falmetto Cifn Aft All Address

Boca fatte Jl 33433

City/ State and Zip Code

Shatsky a mail. Com

E-mail address: (16 be used for fiture annual report notification)

For further information concerning this matter, please call:

Serome Shatsky
Name of Contact Person

The enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

□ \$35 Filing Fee

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327

\$43.75 Filing Fee & Certificate of Status

Talluntabile, 151, 243/14

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section Division of Corporations Clifton Building

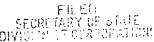
□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to



Articles of Incorporation of 16 JAN 19 AM 10: 21

(Name of Corporatio	n as currently filed with the Florida Dept. of State),
(<u></u>	K53818
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to the following ame
A. If amending name, enter the new name of the cor	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the d	l "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
The Medistered Office Many ess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signe	nture of New Registered Agent, if changing

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)

Remove

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	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	3	T SUSAN LARHAM	BOCA Noton, SQ 334
Add			BOCA Katon, SQ 334.
Remove			
2) Change			
Add			
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			

f amending or adding additional Art Attach additional sheets, if necessary).			
	·		
			
·			
f an amendment provides for an exc provisions for implementing the am- (if not applicable, indicate N/A)	hange, reclassification, or cancendent if not contained in the	ellation of issued shares, amendment itself:	
			-

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 1/13/16 (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	not be listed as the
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.	4 9 9
☐ 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):	16 JAN 19 AN 10: 22
"The number of votes cast for the amendment(s) was/were sufficient for approval	9 500
by" (voting group)	
(voling group)	23
☐ 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.	
Dated	
Signature	
(By a director, president of other office) – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed induciary by that fiduciary)	
Tekome ShATs1-1/ (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_