

(Requestor's Name)	
(Address)	Ì
(identity)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

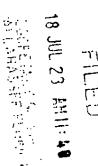
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S TALLENT
JUL 2 6 2018



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COVER LETTER

TO: Amendment Section Division of Corpor			
NAME OF CORPORADOCUMENT NUMBER	ATION: NICO	LAAS SI	moris PA
		•	-
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	-	
_	NICOLAA	5 SIMOP	is
_	NICOLA	Nume of Contact Pe	rson Vis PA
_	1502 t	PRRING+0	is rson VIS PA V PARK DR
	SACKSON	Address VVILLE 7	-4 32225 Fode
	SIMCOLAN E-mail address: (to be u	D Q GMAI	L.Gom
For further information	concerning this matter, plea	se call:	
NICOLANS	S/horis Contact Person	at (gol	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 D	Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certificate of Status
Amer	ng Address adment Section ion of Corporations	Am	ect Address endment Section vision of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

•	VII	
NICOLAAS	Simovis,	CA.

(Name of Corporation as currently filed with the Florida Dept. of State)

9000000 94070

(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:

	y Simoris		 _	The new
ume must be distinguishable and contain Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association	on "Corp." "Inc." or "Co" - z			
Enter new principal office address, if a Principal office address MUST BE A STR			<u>.</u>	
				<u>ه</u>
			1 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F L
Enter new mailing address, if applicat (Mailing address MAY BE A POST OF		·	क्रि ना <u>गुर</u> ू	- III
If amending the registered agent and/o new registered agent and/or the new re		lorida, enter the nam	e of the	
Name of New Registered Agent	AUDREY	SIMONIS		
	AUDREY 1502 HARRING	ston PARK	DA SALAS	avuillé
	(Florida street addr. SAAE	ess)		3222
New Registered Office Address:	27/12		Florida(Zip Co	

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.

Audrey Senonis

Signature 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)

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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>a</u>	NICOLAAS SIMONIS	1502 HARAINGTON PARK DI
Add			SACHSONVILLE FL32225
Remove			
2) Change	4	AUDREY SIMONIS	SAME AS ABOUT
_X Add			
Remove			
3) Change	•		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		•	
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific) My wife AUDREY SIMONIS IS TAKING OVER THIS BUSINESS						
My	wife	AUDREY	Simovis	13	tak/No	OVER
t His	Busi	PESS				
•	-					
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			, reclassification, or ca			<u>ئ</u>
	s for implemi ' applicable, i		ent if not contained in t	<u>he amen</u>	dment itself:	
	·		<u> </u>			
						

The date of each amendment(s) adoption: Suby 1st 2018
date this document was signed.
Effective date if applicable: Sty 187 2018 (no more than 90 days after amendment file date)
$oldsymbol{U}$ (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
by
(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.
Dated Suly 1st 2018
Signature / Riohas Simons
(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)
NICOLAAS SIMOPIS
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)