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## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORAT	ION: SM	INTERNAT	LONAL	INC	
NAME OF CORPORAT DOCUMENT NUMBER	: PO400	00159566			
The enclosed Articles of A					
Please return all correspon	dence concerning this ma	tter to the following:			
	K BALA	SUBRAMAN	IAM		
		Name of Contact Perso			
	KBAC	COUNTING	& TAX	SERVICE	
**		HIPM/ ( AMMANN)			_
	3200	N UNIVER	25174	DR #2	08
		Address			
	CORAL	SPRINGS	FL 33	065	
		City/ State and Zip Cod	le		
	bala cla	@ hotmail	1. com		
	<b>-</b>	sed for future annual repor			
For further information co			24.6	01.56	
		m at ( 954			
Name of C	ontact Person	Area Co	ode & Daytime	Telephone Number	
Enclosed is a check for the	following amount made	payable to the Florida Dep	artment of Stat	e:	
🛛 \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Fi Certificat Certified (Addition is enclose	e of Status Copy al Copy	
	Address		Address		
Amendment Section Division of Corporations			dment Section on of Corporati	ione	
P.O. Box			on of Corporati n Building	ions	
	see, FL 32314		Executive Cent	er Circle	
		Tallah	assee, FL 3230	)]	

## Articles of Amendment to Articles of Incorporation

FILED

of

16 FEB 29 PM 8: 32

SM INTERNATIONAL INC  (Name of Corporation as currently filed with the Florida Dept. of State) ATE  (Name of Corporation as currently filed with the Florida Dept. of State) ATE
(Name of Corporation as currently filed with the Florida Dept. of State) A E
PO4000159566
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) t its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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:
Name of New Registered Agent
(Florida street address)
New Revistered Office Address: 7790 N W 44 ST SUNRISE Florida 33351
New Registered Office Address: 7790 NW 445T, SUNRISE, Florida 33351 (City) (Zip Code)
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.
Thereby accept the appointment as registered agent. I am jamittar with and accept the obligations of the position.
······

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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MASSOUD, SAMIR	7190 NW 44 ST.
Add			7190 NW 44 ST. SUNRISE, FL 3335
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>	<del></del>	
Add			
Remove			

		NIF
Ε.	If amending or adding additional Articles, enter change(s) here:	
	(Attach additional sheets, if necessary). · (Be specific)	
_		
_		
107	If an amondment annuide for an archaeological and archaeological arc	
Г.	If 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)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"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 shaction was not required.	areholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.	older
Dated 2/25/2016	
Signature Sami Mænonel	
(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	
SAMIR MASSOUD  (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
DOFCIDENT	

(Title of person signing)