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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SG&MB, Inc. P05000000549 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Salem's Franchising Co., LLC Firm/ Company 11007 N. 56th St., Suite 209 Address Temple Terrace, FL 33617 City/ State and Zip Code osama@cpaosk.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (___813__) 898-2848 Area Code & Daytime Telephone Number Maher Kadoura Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to **Articles of Incorporation** of

FILED

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SG&MB, Inc.		12 104 12 12 12 13
(Name of Corporation as	currently filed with the Flo	rida Dept. of State ORETARY OF STATE
P05000000549		TALLAHASSEE, FLORIDA
(Document	Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, this Fi	lorida Profit Corporation adopts the following amendment(
A. If amending name, enter the new na	me of the corporation:	
N/A		The new
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the .A."
B. Enter new principal office address, i	f applicable:	N/A
(Principal office address <u>MUST BE A ST</u>		
C. Enter new mailing address, if applic	cable:	N/A
(Mailing address MAY BE A POST C		IN/A
•		
D. <u>If amending the registered agent and</u>	d/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new	registered office address:	
Name of New Registered Agent	N/A	
	(Florida stree	et address)
	·	,
New Registered Office Address:	(City)	, Florida (Zip Code)
	(0.13)	(Lip Gode)
New Registered Agent's Signature, if ch	nanging Registered Agent:	
		ith and accept the obligations of the position.
Sig	nature of New Registered Ag	gent, 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 <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.

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	VP	MONSEF BOUAZIZI	11109 SERENITY OAKS L
Add			THONOTOSASSA, FL
Remove			33592
2) Change	TD	SALEM GHARSALLI	18430 KUKA LANE
Add			SPRING HILL, FL 34610
Remove	PD	JOEL CARTAGENA	2859 DUNHILL CIRCLE
Change Add			LAKELAND, FL 33810
Remove			
4) Change	VP	GEORGE CARRASQUILLC	4864 WILLIAMS TOWN B
Add Add			LAKELAND, FL 33810
Remove			
5) Change			
Add			,
Remove			
6) Change			
Add Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
\/A						
		<u> </u>				
						
						
						
<u>.</u>						
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<u>lf an</u>	amendment provides for an exc	hange, reclassif	ication, or car	cellation of is	sued shares,	
prov	visions for implementing the am (if not applicable, indicate N/A)	endment if not o	ontained in th	ne amendmen	t itself:	
I/A	(y not appricable, maleure 1471)					
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						· · · · · · · · · · · · · · · · · · ·
				<u> </u>		 .
						
				<u></u>		

The date of each amendment(s) adoption: 9/30/2013	, if other than the
date this document was signed.	
Effective date if applicable: 9/30/2013 (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
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)	
(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 1/-4-20(3	
Signature	
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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Regina Manager (Title of person signifig)	
(Title of person signing)	