P05000000988

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: SIMSEB MA	NAGEMENT, INC.			
DOCUMENT NUMBER:	P050000009	88			
The enclosed Articles of An	nendment and fee are su	bmitted for filing.	**		
Please return all correspond	ence concerning this ma	tter to the following:			
	Scott Levin, Esq	•			
		Name of Contact Person	n		
Law Offices of Scott Levine					
		Firm/ Company			
	1655 North Cor	mmerce Parkway			
	-	Address			
	Weston Florida 33326				
		City/ State and Zip Cod	e		
	scootslaw@msn.	com			
<u> </u>		sed for future annual report	notification)		
For further information cond	cerning this matter, pleas	ee call:			
Scott levine		at (954) 510-3100		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the f	following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee [□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Division o P.O. Box	nt Section of Corporations	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



		Figure 2 and a second		(4.5) 24
(Name of Corporation as cur	rrently filed with the Flor	rida Dept. of State)		
SIMSEB MANAGEMENT, INC.	POG	1000000	88:	-
(Document Num	nber of Corporation (if kno	wn)	第 8	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corpo</i>	oration adopts the following	ng amendme	ent(s) to
A. If amending name, enter the new name of the corporation	on:			
			The new	
name must be distinguishable and contain the word "corpe". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbrevia	" or "Co". A professiona	"incorporated" or the a il corporation name must	bbreviation contain the	
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)				
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	e address in Florida, ente	r the name of the		
new registered agent and/or the new registered office ad	<u>Idress:</u>		•	
Name of New Registered Agent			_	
(Flori	ida street address)		-	
New Registered Office Address:		, Florida		
	(City)	(Zip	Code)	
Non-Borden Library 1 Co. 10 Co				
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: uiliar with and accept the o	bligations of the position		
	woop, me o	2.10.mono oj me posmon.		
	<u></u>			
Signature of 1	New Registered Agent, if cl	hanging		

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 Doe	
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>	Address
i)Change	VP	SIMSON PAUL SKARIA	6383 NW 62ND TERRACE
<u></u> ★ Add			PARKLAND, FL 33067
Remove			
2) Change			<u> </u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damoua			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
			
-			
	<u> </u>		
	 .		
		 -	
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or canding the contract of the contrac	ncellation of issued shade amendment itself:	iares,
(if not applicable, indicate N/A)			

			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: _ date this document was signed.	September 23, 2015	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this cof State's records.	late will not be listed as the
Adoption of Amendment(s) (Q	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	te shareholders. The number of votes cast for the amendment rapproval.	.(s)
	the shareholders through voting groups. The following statening group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the am	endment(s) was/were sufficient for approval	
by	oting group)	
_	e board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareholder	
selected, by an in appointed fiducia	esident or other officer – if directors or officers have not beer corporator – if in the hands of a receiver, trustee, or other corry by that fiduciary)	
PA	AUL SKARIA	
	(Typed or printed name of person signing)	
	President (Title of person signing)	
	CITILE OF DETSON SIGNING I	