P08000059401

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Document Number) |
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OLVISION OF CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | FION: Shallmar Finance U | JSA, Inc. | |
|----------------------------|---|--|---|
| DOCUMENT NUMBER | P08000059401 | | |
| The enclosed Articles of | Amendment and fee are sul | bmitted for filing. | |
| Please return all correspo | ndence concerning this mat | ter to the following: | |
| CI | audia Villa | | |
| - | | Name of Contact Person | 1 |
| | | Firm/ Company | |
| 16 | 500 Collins Ave., Unit 305 | 4 | |
| _ | | Address | |
| Sı | inny Isles Beach, FL 33160 | | |
| | | City/ State and Zip Code | е |
| villaclau | dia@icloud.com | | |
| | E-mail address: (to be us | ed for future annual report | notification) |
| For further information c | oncerning this matter, pleas | e call: | |
| Claudia Villa | | at (<u>305</u> | 613-5831 |
| Name of 0 | Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for th | ne following amount made p | 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) |
| Amend Divisio P.O. B | g Address ment Section on of Corporations ox 6327 assee, FL 32314 | Amend Divisio Clifton 2661 E | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |

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Articles of Amendment to Articles of Incorporation of

Shallmar Finance USA, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P08000059401 (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: A. If amending name, enter the new name of the corporation: 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." 16500 Collins Ave., Unit 3054 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Sunny Isles Beach, FL 33160 C. Enter new mailing address, if applicable: 16500 Collins Ave., Unit 3054 (Mailing address MAY BE A POST OFFICE BOX) Sunny Isles Beach, FL 33160 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: Claudia Villa Name of New Registered Agent 16500 Collins Ave., Unit 3054 (Florida street address) Sunny Isles Beach New Registered Office Address: (City) 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.

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: | , ини зиі | у этин. эт из ин лии. | | | | |
|----------------------------|--------------|-----------------------|---------------------------------------|--|--|--|
| 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> | Name | Address | | | |
| 1) Change | P | Claudia Villa | 16500 Collins Ave., Unit 3054 | | | |
| X Add | | | Sunny Isles Beach, FL 33160 | | | |
| Remove | | | | | | |
| 2) Change | P,T | Francoise Soler | 16500 Collins Ave, Unit 2354 | | | |
| Add | | | Sunny Isles Beach, FL 33160 | | | |
| X Remove | | | <u> </u> | | | |
| 3) Change | | | · · · · · · · · · · · · · · · · · · · | | | |
| Add | | | | | | |
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| 4) Change | | | | | | |
| Add | | | | | | |
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| 6) Change | | | | | | |
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| | dding additional Arti sheets, if necessary). | (Be specific) | | | |
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| | April 26, 2017 | • • | |
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| The date of each amendment(s) a date this document was signed. | loption: | , if | other than the |
| | 126, 2017 | | |
| Effective date <u>if applicable:</u> | | | |
| | (no more than 90 days a | fter amendment file date) | |
| Note: If the date inserted in this bedocument's effective date on the De | | tutory filing requirements, this date will not b | e listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| ☐ The amendment(s) was/were add by the shareholders was/were so | pted by the shareholders. The number fficient for approval. | of votes cast for the amendment(s) | |
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| action was not required. | pted by the board of directors without | | |
| ☐ The amendment(s) was/were adaction was not required. | pted by the incorporators without shar | eholder action and shareholder | |
| April 26, 2 Dated | 017 | | |
| | 1000 | | |
| Signature | irector, president or other officer – if d | lirectors or officers have not been | |
| selecte | d, by an incorporator – if in the hands | of a receiver, trustee, or other court | |
| | ted fiduciary by that fiduciary) | A- | |
| | Claudia Villa | 100 | |
| | (Typed or printed name of | person signing) | |
| | President | | |
| | (Title of person | n signing) | |