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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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\* /

NAME OF CORPORATION: Shmuel	y & Willis, P.1	<b>\</b> .
DOCUMENT NUMBER: P090000771	,	
The enclosed Articles of Amendment and fee are su	ıbmitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
Cesar Reyes	Name of Contact Person	
<u>Cosar Reyes</u>	Name of Contact Person	n
<u>Chavin Mitchel</u>	N Shmuely Firm/ Company	
12955 Biscayne	Blud. #201	
North Miami, F	_	e e
Creyes @ cms\o E-mail address: (to be u	Sed for future annual report	notification)
For further information concerning this matter, please	se call:	
Cesar Reyes  Name of Contact Person		
Enclosed is a check for the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee Scrifficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Amene	Address Iment Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton	Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED 18 MAY 21 PH 3: 35 SEC ENIM OF STATE

. 0 . . . .

Shmuely & W	Tillis, P.A.
	tly filed with the Florida Dept. of State)
P09000077612	
	of Corporation (if known)
	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/V	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<u>и</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N N
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent NA	
	•
(Florida st	reet address)
1.	
New Registered Office Address: N A	(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
t nevery accept the appointment as registered agent. I am jammar	with tha accept the oraganons of the position.
Signature of New 1	Registered Agent, if changing
Signature of new i	tegioterea agent, y enunging

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Natalee Willis	P.O. Box 611867
Add			North Miami, FL 3326
Remove			
2) Change			
Add			<u> </u>
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			<del>.</del>
6) Change			
Add			
Remove			

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an a	mendment prov	vides for an excl	hange, reclassificendment if not co	ation, or cancell	ation of issued	hares,	
(i	if not applicable,	nenting the ame , indicate N/A)	nament it not co	ntained in the ai	<u>menament itseir</u>	<u>:</u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 da	
(no more than 90 da	ys after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The nur by the shareholders was/were sufficient for approval.	nber of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were su	fficient for approval
by	.,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	nout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without action was not required.	shareholder action and shareholder
Dated 5/18/2018	<del></del>
Signature	
(By a director, president or other officer – selected, by an incorporator – if in the hal appointed fiduciary by that fiduciary)	if directors or officers have not been ods of a receiver, trustee, or other court
Rami Shmuely	e of person signing)
(Typed or printed nam	e of person signing)
President	
(Title of pe	erson signing)