

PI 0000012319

(Requestor's Name)

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(Address)

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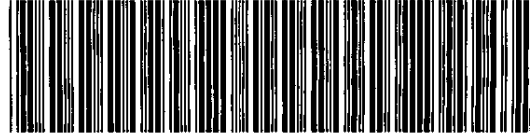
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/1/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S.A.L.H. INTERNATIONAL TRADING INC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person : DANILO SANTANA

Firm/Company: US TAX CONSULTING INC

Address : 5401 S. KIRKMAN RD STE 135

City/State and Zip Code: ORLANDO, FL, 32819

rodrigo@ustaxconsulting.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANILO SANTANA

Name Person

(407) 674-8969

Phone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314 2661

STREET/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION,
OF
S.A.L.H. INTERNATIONAL TRADING, INC.**

Florida document number: P10000012319.

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

Article I

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."

Article II

**B. Enter new principal offices 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*)**

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JUN 17 2013
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TALLAHASSEE, FLORIDA

Article IV

D. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

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.

Title	Name	Address	Type of Action
VP	FRANCISCO MANFREDINI FARINOS	8724 CRESCENDO AVE	REMOVE <input checked="" type="checkbox"/>
		WINDERMERE, FL 34786	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
P	ANDREWS CORTELAZZO	9640 VINEYARD CT	REMOVE <input checked="" type="checkbox"/>
		BOCA RATON, FL 33428	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
P	FRANCISCO MANFREDINI FARINOS	8724 CRESCENDO AVE	REMOVE <input type="checkbox"/>
		WINDERMERE, FL 34786	ADD <input checked="" type="checkbox"/>

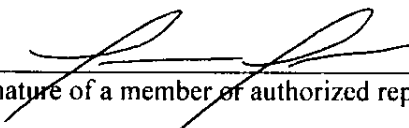
Title	Name	Address	Type of Action
VP	ANDREWS CORTELAZZO	9640 VINEYARD CT	REMOVE <input type="checkbox"/>
		BOCA RATON, FL 33428	ADD <input checked="" type="checkbox"/>

E. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated: , .



Signature of a member or authorized representative of a member

FRANCISCO MANFREDINI FARINOS

Typed or printed name of signee