## P16000052293

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## COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SOHAM MULTISI	ERVICES INC	
DOCUMENT NUMBE	ER: P16000052293		
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
1.	UIS SMITH		_
- T	AXES USA LLC	Name of Contact Person	
<del>-</del>		Firm/ Company	
1	1402 NW 41 ST SUITE 211		
 !	ooral, FI 33	Address 178	
		City/ State and Zip Code	<u> </u>
LMJE	SSEL@GMAIL.COM		
	•	ed for future annual report	notification)
For further information	concerning this matter, pleas		4702429
	Contact Person	at t	de & Daytime Telephone Number
, ,	the following amount made p		
■ \$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SOHAM MULTISERVICES INC (Name of Corporation as currently filed with the Florida Dept. of State) P16000052293 (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." B. Enter new principal office 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) 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: Name of New Registered Agent \_ (Florida street address) \_, Florida\_ 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	MICHELLE RAMIREZ	701 BRICKELL KEY BOULEVAR
Add			APT 1608 MIAMI, FL 33131
X Remove			
2) Change			
Add			
Remove			
3 ) Change		_	<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
<del></del>			<del></del>
6) Change Add Remove			

	eets, if necessary).	(Be specific)			
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<u>f an amendment p</u>	orovides for an excha plementing the amen	<u>inge, reclassificatio</u> dment if not conta	on, or cancellation ined in the amen	<u>n of issued snares</u> dment itself:	ط
(if not applicat	ble, indicate N/A)	<del></del>			
			<del></del>		
				<del></del>	

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 days after amendment file date)	<del></del>
(no more than 91) days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(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.	
4/13/2018	
Dated	
Signature Occold	
(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)	
OSWALDO RAMIREZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	