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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SHALOM AMERI	ICA MULTISERVICES, II	NC.	
DOCUMENT NUMF				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	OKICHE HERNANDEZ			
		Name of Contact Person	n	
	SHALOM AMERICA MULTISERVICES, INC.			
		Firm/ Company		
	9254 SW 40TH ST	, .		
		Address		
	MIAMI, FL 33165			
		City/ State and Zip Cod	ů.	
GRAG	CE@GSBACCOUNTING.CO	OM .		
	E-mail address; (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas		310-6059	
Name of Contact Person		at (305	de & Daytime Telephone Number	
	r the following amount made		·	
S35 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)	
Anie Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

SHALOM AMERICA MULTISERVICES, INC

(Name of Corporati	on as currently filed with the Flor	ida Dept. of State)	
P16000060496			
(Docun	nent Number of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following	ng amendment(s
A. If amending name, enter the new name of the co	orporation:		
SHOP BEYOND ALL, INC			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	." "Inc." or "Co". A professional		abbreviation
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADI</u>	ORESS)		26
		سر سره	- F
			-9
C. Enter new mailing address, if applicable:		\$1 1	10 T
(Mailing address MAY BE A POST OFFICE BO	<u></u>	· · ·	
	- <u>-</u>	·	<u>=</u> _ C
		529 	. P S
		Ę.	
 If amending the registered agent and/or register new registered agent and/or the new registered 		the name of the	
Name of New Registered Agent	· -	·	-
	(Florida street address)	· · · · · · · · · · · · · · · · · · ·	_
	tr toriau street aaaress)		
New Registered Office Address:	(City)	, Florida	Code)
	(Cuiv)	(Ζ.ην	Coaes
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered agent.	Lum familiar with and accept the of	oligations of the position.	
Sion	vature of New Registered Agent if ch	murina	_

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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			····
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	<u> </u>	
		<u> </u>
· · · · · · · · · · · · · · · · · · ·		
MTP		
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
		
		· · · · · · · · · · · · · · · · · · ·

	09/26/2018	
The date of each amendment(s) date this document was signed.		, if other than the
() Effective date if applicable:	0/26/2018	
r.nective date <u>it applicable</u> .	(no more than 90 days after amendment fi	lle date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requ Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for sufficient for approval.	the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the am	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder actio	n and shareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action an	d shareholder
09/26/20	18	
Dated		
a :	12-1	
Signature	a director, president or other officer – if directors or officer	or harves week houses
	sted, by an incorporator – if in the hands of a receiver, trus-	
	inted fiduciary by that fiduciary)	
	OKICHE HERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	