P18 000013295

| (Re | equestor's Name) | | | |
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| (Ád | dress) | | | |
| (Ad | idress) | | | |
| (Cit | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | rsiness Entity Ñai | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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| TO: Amendment Section Division of Corporations | | | ÷ | i > |
|--|---|---|--|--------------|
| NAME OF CORPORATION: | | | · | |
| DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment and fee are subm | itted for filing. | | | |
| Please return all correspondence concerning this matter | to the following: | | | |
| APRIL PEACH CONDRON | | | | |
| | Name of Contact Persor | 1) | | |
| CAPE COD MGMT SVC INC | | | | |
| | (Firm/ Company) | " | | |
| 314 NE 27TH ST | | | | |
| | (Address) | | | |
| | (Address) | | | |
| WILTON MANORS, FL 33334-2020 | | | | |
| (| City/ State and Zip Code | :) | | |
| APRILPEACH1@AOL.COM | | | | |
| E-mail address: (to be used | for future annual report i | notification | i) | |
| For further information concerning this matter, please of | eall: | | | |
| APRIL PEACH CONDRON | 954 at | 1 | 630-8300 | |
| (Name of Contact Person) | | | (Daytime Telep | hone Number) |
| Enclosed is a check for the following amount made pay | able to the Florida Depa | rtment of | State: | |
| \$35 Filing Fee \$\Bigs\text{\$\Bigs\text{43.75 Filing Fee & \$\Bigs\text{\$\Bigs\text{Certificate of Status}}\$ | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | O Filing Fee icate of Status ied Copy tional Copy is used) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend Divisio Clifton | Address ment Secti n of Corpo Building xecutive C | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| SMS 2 INC | | |
|---|--|--|
| (Name of Corporation | as currently filed with the Flor | rida Dept. of State) |
| P18000013295 | | |
| (Docu | ment Number of Corporation (if k | nown) |
| Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation: | orida Statutes, this <i>Florida Not Fo</i> | or Profit Corporation adopts the following |
| A. If amending name, enter the new name of th | e corporation: | |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam | | The new 1" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if application (Principal office address MUST BE A STREET A | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | BOX) | |
| | | رن نیز نیز نوز |
| D. If amending the registered agent and/or reginew registered agent and/or the new register | | enter the name of the |
| Name of New Registered Agent: | SHAFIII AZAM | |
| | 6130 SW 38TH CT | |
| New Registered Office Address | | orida street address) |
| | DAVIE | Florida 33314 |
| New Registered Agent's Signature, if changing | | (Zip Code) |
| I hereby accept the appointment as registered ager | u. 1 am jamular wiin and accept | ane congations of the position. |
| - | Signature of New Regist | tered 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 <math>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 X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|-----------------------------------|------------------------------|---------------------------------------|--------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
| 1) Change | VP | SAJIB CHOWDHURY | 27 LAREDO PL |
| Add X Remove | | | DAVIE FL 33324 |
| 2) Change | VP | THOUHIDUL I KHAN | 14119 SW 155TH TER |
| X Add | | | MIAMI FL 33177 |
| Remove 3) Change | | | |
| Add Remove | | | |
| 4) Change | | <u> </u> | |
| Add Remove | | | |
| 5) Change Add | • | | |
| Remove | | | |
| 6) Change Add | | - | |
| Remove | | | - |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) THOUHIDUL I KHAN NOW OWNS 20% OF THE STOCK MILTAN MAJUMDER OWNS 25% OF THE STOCK | | | | | |
|--|--|--|--|--|------------------------------------|
| | | | | | SHAFIUL AZAM OWNS 55% OF THE STOCK |
| | | | | | |
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| | date of each amer this document was | | 03/21/2019 ption: | , if other than the |
|------|--|---------------|--|---------------------|
| Effe | ective date <u>if appli</u> | cable: | | |
| | | | (no more than 90 days after amendment file date) | |
| | | | k does not meet the applicable statutory filing requirements, this date will not artment of State's records. | be listed as the |
| Ado | ption of Amendm | ent(s) | (<u>CHECK ONE</u>) | |
| | The amendment(s was/were sufficient | | pted by the members and the number of votes cast for the amendment(s) | |
| | There are no mem adopted by the bo | | ers entitled to vote on the amendment(s). The amendment(s) was/were s. | |
| | Dated | 03/21/2019 | | |
| | Signature | | <u> </u> | |
| | | have not beer | nan or vice chairman of the board, president or other officer-if directors is selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary) | |
| | | SHAFIUL | AZAM | |
| | | - | (Typed or printed name of person signing) | |
| | | PRESIDE | NT | |
| | | | (Title of person signing) | |