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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{S\&i}{I}$	MULTISERY	/ICES CORP			
DOCUMENT NUMBER: P180000					
The enclosed Articles of Amendmen	and fee are su	ibmitted for filing.			
Please return all correspondence con-	cerning this ma	atter to the following:			
EDNA MENT	ŒZ				
		Name of Contact Person	1		
EMPIRE BUSINESS & TAX ADVISORS, LLC					
	···· · · · · · · · · · · · · · · · · ·	Firm/ Company			
120 BROADWAY AVE SUITE 302					
 -		Address	· · · · · · · · · · · · · · · · · · ·		
KISSIMMEE,	F1. 34741				
-		City/ State and Zip Cod	e		
ednamendez@	tempirebta con	1			
	•	sed for future annual report	notification)		
For further information concerning the	iis matter, plea		612 0850		
Name of Contact Pers		at () 613-0850 de & Daytime Telephone Number		
Name of Confact Pers	on	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following	amount made	payable to the Florida Depa	artment of State:		
	Filing Fee & ate of Status	□\$43.75 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 P.O. Box 6327 Tallahassec, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

P	prently filed with the Florida Dept. of State) 18 00000000000000000000000000000000000	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	·	ndment(s) to
A. If amending name, enter the new name of the corporation	on:	
		new
name must be distinguishable and contain the word "corporation" Inc., "- or Co., "- or the designation "Corp." "Inc," or "Co" "chartered," "professional association," or the abbreviation	o". A professional corporation name must contain the	rp.," word
B. Enter new principal office address, if applicable:	~2	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	::	
	7.0 4.1	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-0	
	7-	
		
		*
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		
Name of New Registered Agent		
(Flor	rida street address)	
New Registered Office Address:	. Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered 1 hereby accept the appointment as registered agent. I am fair	niliar with and accept the obligations of the position.	
Signature of i	New Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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			
<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	VP	_	SORAYA CIMINO	5324 TORTUGA DR	
X Add				ORLANDO, FL 32837	
Remove					
2) Change					
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add				····	
Remove					
6) Change		_			
Add					
Remove					

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					35 7	
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f an amendment proyic	des for an excl	ianae reclassi	fication or car	scallation of ice	uad churac	
provisions for impleme	enting the ame	ndment if not	contained in t	he amendment	itself:	
(if not applicable, i	ndicate N/A)					
					•	

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
ino more	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	e applicable statutory filing requirements, this date will not be listed as cords.
Adoption of Amendment(s) (CHECK ON	<u>E</u>)
The amendment(s) was/were adopted by the incorporat action was not required.	tors, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group ent	
"The number of votes east for the amendment(s)	was/were sufficient for approval
by	 .
(voting group)	;
DatedSignature	
(By a director, president or of	her officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court duciary)
IARA DA COSTA SI	MOES
(Typed or	printed name of person signing)
PRESIDENT	

(Title of person signing)

the

the