Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ALBER TAX ACCOUNTANT

Account Number : I20150000098
Phone : (305)713-9142
Fax Number : (815)550-9948

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ACC, ALBER @ HOTMAIL. CON

COR AMND/RESTATE/CORRECT OR O/D RESIGN SIMAT SERVICES CORP

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Certificate of Status	0
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OCT 02 2018

S. YOUNG

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Articles of Amendment to Articles of Incorporation of

SIMAT SERVICES CORP					
(Name of Corporation as currently filed wit	h the Florida Dept. o	(State)	-		
P18000080488					
(Document Number of Corpor	ration (if known)	<u> </u>	-		
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	es, this <i>Florida Profit</i>	Corporation adopts the following	g ame ndme	ent(s) to	,
A. If amending name, enter the new name of the corporat	ion:				
· <u></u>			_ <i>The n</i> eu		
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrev	" or "Co". A profes				
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)		-		
			, _		
C. Enter new mailing address, if applicable:				ထ	
(Mailing address MAY BE A POST OFFICE BOX)			- ===	99	77
			Ϋ́ = 	1	
					m
D. If we like the state of the			<u> </u>		
D. If amending the registered agent and/or registered offi- new registered agent and/or the new registered office a	<u>ce address in Piorida. Eddress:</u>	enter the name of the	经出	Ģ	
Name of New Registered Agent			<u> </u>	33	
(Fle	orida street address)				
New Registered Office Address:	(City)	Florido	_		
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept	the obligations of the position.			
Signature of New Regi-	stered Agent, if changi	ng			

To:

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. Y as Remove, and Sally Smith. SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Salty Smith	
Type of Action (Check One)	Title	Name	Address
() Change	VP	JORGE A RUIZ LOPEZ	14629 SW 104TH ST
Add			# 428
Remove			MIAMI, FL 33186
2) Change	т	SANCHEZ ROJO, RUBEN	14629 SW 104TH ST
Add			# 428
√ Remove			MIAMI, FL 33186
3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add	· · · ·		
Remove			

Page 2 of 4

THEEN GOOD	famending or adding additional Articles, enter change(s) here: Auach additional sheets, if necessary). (Be specific)					
				· -		
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						·
						
				· · · · · · · · · · · · · · · · · · ·		
						
						
provisions	Iment provides for implement applicable, indi	ling the amend	ge, reclassificat ment if not con	ion, or cancellat ained in the am	tion of issued sh endment itself:	arsa.
-			<u> </u>			_
				· · · · · ·		
						<u> </u>

The date of each amendment(s) adoption: 10/01/2018	, if other than th
date this document was signed.	
Effective date if applicable:	·
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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.	
Dated 10/01/2018	
fine from the same	
Signature (By a director, president of other obliger – 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)	
upporties induction by white recovery f	
ELVIRA AGUIRRE DE MORENO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	