P18000100522

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(= =====, ==,
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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Name Change

JAN 0 4 2019

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: SCM INTERNAT	IONAL SERVICES				
	BER: P18000100522					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	CARLOS PEREZ					
	Name of Contact Person					
	C PEREZ PROFESSIONAL SERVICES INC					
	Firm/ Company					
	4343 W WATERS AVE					
	Address					
	TAMPA, FL 33614					
	· · · ·	City/ State and Zip Cod	e			
EMII	JANO@SCM.COM.AR					
	-	sed for future annual report	notification)	19 650 13		
		ľ	,	(3		
For further informatio	n concerning this matter, pleas	se call:				
CARLOS PEREZ		. 813	249-2300	- 2 - 2		
Name of Contact Person		at (Area Co) de & Daytime Telephone Number	– "" – ""		
Enclosed is a check to	r the following amount made	payable to the Florida Depa	artment of State:			
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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SCM INTERNATIONAL SERVICES

·	filed with the Florida Dept. of State)	
P18000100522		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this F_0 its Articles of Incorporation:	lorida Profit Corporation adopts the follo	wing amendment(s
SCM INTERNATIONAL SERVICES INC.		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Covord "chartered," "professional association," or the abbreviation "P	o". A professional corporation name m	abbreviation
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		12 250
 If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: 	ss in Florida, enter the name of the	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Name of New Registered Agent		
(Florida stree	t address)	
New_Registered Office Address:	, Florida	
	ity (2	lip Codes

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	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
	-
	<u> </u>
	
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f an amendment provides for an exch	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment usen.
()	

The date of each amendment(s	adoption:	if other than the
dåte this document was signed.	NV (01.0/2011)	
	01/019/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.	adopted by the incorporators without snareholder action and snareholder	
12/14/2 Dated		
Signature	EAredon	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	_
	EMILIANO@SCM.COM.AR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	