## P1900000 8135

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2019 APR -3 PM 1: 05

C. GOLDEN APR 11 2019

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _	Sher	Fa 5	AL_	Inc
DOCUMENT NUMBER:				
The enclosed Articles of Amenda	ent and fee are su	ıbmitted for filin	ā.	
Please return all correspondence of	oncerning this ma	itter to the follow	ring:	
<del></del>	David	Name of Got	ntact Person	1
<del></del>		Firm/ Co	ompany	
33.89	Sherida	И_5 <u>t</u>		242
Holly	Joud, EL,	33021 City/ State ar	nd Zip Code	242
David F.	leved. Co be us	cM_sed for future and	nual report	notification)
For further information concerning	g this matter, pleas	se call:		
David Lev Name of Contact P	cron	at (	ASH Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ng amount made j	payable to the Fl	lorida Depa	riment of State:
	75 Filing Fee & ficate of Status	□\$43.75 Filin Certified Co (Additional enclosed)	opy copy is	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327	tion		Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

## to Articles of Incorporation of

FILED

5 he Fa SAL	Inc	2019 APR -3 PM 1: 05
(Name of Corporation as currently to	iled with the Florida Dept. of Se	tate)
P1900008135		State of the state
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatticles</i> of Incorporation:	orida Profit Corporation adopts t	he following amendment(s) to
A. If amending name, enter the new name of the corporation:		
///		
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.	". A professional corporation r	The new " or the abbreviation name must contain the
B. 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 MAY BE A POST OFFICE BOX)	<i>₩</i> ,	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, cuter the name of t	<u>he</u>
Name of New Registered Agent	Leve	
1960 N 29th (Florida street	Ave, APT 302	
New Registered Office Address: Holly wood	ity), Flori	da <u>33.040</u> (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the	e position,
Cu		
Signature of New Reg	intered 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 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.

<ul><li>Mike Jones, V as Rem Example:</li></ul>	ove, and Sally Sm	ith, SV as an Add.	
X Change	<u>PT</u> <u>Joh</u> ı	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	<u>y Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) A Change	$\sqrt{V}$	<i>→ → →</i>	<i>N</i> -
Add_ Add			
Remove			/ A
2) A Change	2A	NA.	
Add Add			$-\mathcal{N}\mathcal{A}$
<u> </u>	<i>\</i> /\	NA	NA
3) // Change	<del></del>		- $NA$
<u>√</u> Add			$$ $\wedge$ $\wedge$
Remove			
4) MA_ Change	A	N A	~A
MA Add			<u>~ ~ ^ </u>
A Remove			~/\ <del>\</del>
5) MA Change	<u> </u>	~ / <del>\</del>	<u>~</u>
Add Add			
Remove			<u> </u>
6) A Change	MA	_ N A	<u> </u>
NA Add			NA
MA Remove			<u> </u>

	if necessary). (Be spec	change(s) here: ific)			
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f an amendment provid	es for an exchange, recl	assification, or car	ncellation of issued	d shares,	
(if not applicable, in	nting the amendment if	not contained in the	he amendment its	elt:	
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The date of each amendment(s) adoption: date this document was signed.	- HM Je19	if other than
Effective date <u>if applicable</u> :	(no more than 90 days after amendment)	file date)
<b>Note:</b> If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requ of State's records.	airements, this date will not be listed as
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		the amendment(s)
The amendment(s) was/were approved by t must be separately provided for each votin	the shareholders through voting groups. <i>The</i> aggroup entitled to vote separately on the an	
	endment(s) was/were sufficient for approval	
by	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.		on and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action ar	id shareholder
Dated3/20	1/2019	
selected, by ap-inc	esident or other officer – if directors or office corporator – if in the hands of a receiver, trus ry by that fiduciary)	is have not been stee, or other court
	Oavid Level (Typed or printed name of person signing)	
	President (Title of person signing)	

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