P1900000 8135

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: SheFa SAL INC
DOCUMENT NUMBER: <u>P1900008135</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Levy Name of Contact Person
She Fa SAL Inc Firm/Company
2030 N 24th Ave apt 307,
Hollynewd, Ft, 33020 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (454) 37/- 3383 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation of

Sheva SAL I	TK	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
<u>P19000008135</u>		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
/\f\		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	/ <u>A</u>	120 HAF
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		R 20 AH 8: 38
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent	Lerg	
2030 A 29th (Florida stree	1 Ave , APT 307	
New Registered Office Address: Holly week	City)	73 OD ((Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the pos	ition,
Len		
Signature of New Res	grured 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)

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.

 Mike Jones, V as Remo Example: 	ve, and Sal	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	Y	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
l) Change	197	I David Makery	2030 N 29th Lee
<u>∧∕A</u> Add			APT 307
Remove		,	Hellywood, FL, 33020
2) A Change	NA	+ <u>MA</u>	MA MA
MA_ Add			
Remove 3) A Change	MA	<u>A</u>	
Add Add			
Remove			\mathcal{M}
4) Change	MA		NA
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5) A Change	NA	<u> </u>	
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Remove	,	,	
6) A Change	_ ^/^	t NA	NA
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√ Remove			\sim

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	change reclassification	an cancellation of is	cued charac	
f an amendment provides for an ex	nendment if not contain	ned in the amendmen	t itself:	
f an amendment provides for an exprovisions for implementing the an				
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f an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)				

The date of each amendment(s) adoption: 1/1/2020, if other than the date this document was signed.
Effective date if applicable: 1/1/200 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
Dated 3/17/2020
Signature (By a director, president or other officer in 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)
(Typed or printed name of person signing)
(Title of person signing)

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