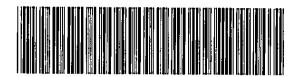
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(Req	uestor's Name)	<u>.</u>
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lbbA)	ress)	<del>-</del>
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only

R. WHITE

JUN 0 \$ 2019



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35.00

# **COVER LETTER**

NAME OF CORPORATION: SHU AMIGNEE CORP.  DOCUMENT NUMBER: P1900034366				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Mare of Contact Person  SMJ All ance Corp.  Firm/ Company  Address  Higher F. 3306  City/ State and Zip Code  E-mail address: (to be used for-future annual report notification)				
For further information concerning this matter, please call:				
Mame of Contact Person at (756) 7171-8311  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is enclosed)				

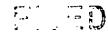
TO: Amendment Section

Division of Corporations

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



SMJ f	+11icince	Corp.		2019 MAY 21	PM 4: 15
	(Name of Corporation	on as currently f	iled with the Florida Dept	. of State) .	~;
PIAC	000343	loba .			FL
	(Docum	ent Number of C	orporation (if known)		
Pursuant to the provisions of secits Articles of Incorporation:	tion 607.1006, Florida	Statutes, this Flo	orida Profit Corporation ad	lopts the following	amendment(s) to
A. If amending name, enter th	e new name of the co	rporation:			
				•	The new
name must be distinguishable "Corp.," "Inc.," or Co" or the word "chartered," "professional	ne designation " Corp."	""Inc," or "Co	o" . A professional corpora		
B. Enter new principal office: (Principal office address <u>MUST</u>					
C. Enter new mailing address (Mailing address MAY BE)		<u>Y</u> )			
D. If amending the registered new registered agent and/o			s in Florida, enter the nan	<u>ie of the</u>	<del></del>
Name of New Registere	rd Agent				
		(Florida street	address)		
New Registered Office 7	Addr.cee			. Florida	
New Registered Office /	<u> </u>	(C	ity)	, i iorida Elip Ce	ode)
New Registered Agent's Signa I hereby accept the appointment			h and accept the obligation:	s of the position.	
	Signo	iture of New Reg	istered 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	<u> alejardro Baltadano</u>	1000 NM 12/02t
Add Remove			Hiakan, TL 33015 Apt 320
2) Change Add	P	Mainta Bartadano	7000 NW 1865t
Remove 3) Change Add			Hidtean, FL 33015.
Remove 4) Change Add			
Remove  5) Change Add			
Remove  6) Change  Add  Remove	<del>.</del>		

(Attach additional sheets, if necessar	ry). (Be specific)
•	
·	
<u></u>	
•	
	· <del></del>
,	
	exchange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/z	amendment if not contained in the amendment itself:  4)
accidentally T	put my was husband name
	•
	dent of my company it was a
type I want	- to remove him. I only want
	appear in this company.
<u>-</u>	

The date of each amendment(s) adoption: LUY 14,2019 late this document was signed.	, if other than the
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	will not be listed as the
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	
☐ 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 5/14/19	
Signature Movelha And And Andrew not been  (By a director, president or other officer – 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)	
Marting Battodaylo.  (Typed or printed name of person signing)	
cwner.	<del></del> -
(Title of person signing)	