P19000056915

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R. WH TF
JUN 9 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SHALOM REPAI	RS AND SERVICES, INC		
DOCUMENT NUME	BER:P19000056915			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	JESUS R SARDINAS			
	Name of Contact Person			
	Firm/ Company			
	5187 West Flagler Street Apt	: 3		
	. .	Address		
	Miami, FL 33134			
		City/ State and Zip Code	2	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
JESUS R SARDINAS		at () 482-3926 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 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 Tallahassee, FL 32314		Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

Articles of Amendment Articles of Incorporation

of

ļ:

(Name of Corporation	as currently filed with the Florida Dept. of State)
P19000056915	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc." of "chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation "Corp" or "Co". A professional corporation name must contain the word iation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
(maing daness <u>Printing robers recomplete</u>	-
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:
_	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Madress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	stared Agent:
Thereby accept the appointment as registered agent. 1	Tam familiar with and accept the obligations of the position
Signa	ture of New Registered 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)

Example:

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.

X_Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	JESUS R SARDINAS	5187 West Flagler Street Apt 3
Add			Miami, FL 33134
Remove 2) Change	VP	SIVELS SARDINAS	5187 West Flagler Street Apt 3
X Add			Miami, FL 33134
Remove Change			
Add			
Remove 4) Change			
Add			
Remove 5) Change			
Add			
Remove 6) Change			
Add			
Remove			

E. If amending or adding addition	onal Articles, enter change(s	s) here:	
(Attach additional sheets, if necessity	essary). (Be specific)		
	<u> </u>		
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-			
F. If an amendment provides for	u au arabanaa -aalaasifianti	on or as needlation of icensel	cha ra
provisions for implementing	the amendment if not cont:	ined in the amendment itsel	<u>f:</u>
(if not applicable, indicate	2 N/A()		_
			-
 _			
<u> </u>	·····		
	-		

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the am flicient for approval.	endment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	ng statement n(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
04/16/21		
Dated		
Signature	êrdant	
(By a d selecte	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or red fiduciary by that fiduciary)	
	SIVELS SARDINAS	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	