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R. HUNT 06/68/23

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SHADET MULTIS	SERVICES INC		_
DOCUMENT NUME	ER: P20000007841			_
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	PATRICIA ALMANZAR			
		Name of Contact Person		
	SHADET MULTISERVICES			
		Firm/ Company		
	515 NE 50TH CT	. ,		
		Address		$\frac{1}{2}$
	POMPANO BEACH, FL 330	064		第二
•		City/ State and Zip Code		9: 42 STATE
	shadet2712@hotmail.com			LE P
	-	ed for future annual report i	notification)	-
For further information	concerning this matter, pleas	954	945-6213	
	f Contact Person	at (Area Cod	_) e & Daytime Telephone Ni	umber
	the following amount made		,	••••
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ing Address Induction Section Induction of Corporations Induction of Corporations Induction of Corporations Induction of Corporations Induction of Corporation of Corporati	Divisior The Ce 2415 N	Address nent Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 81 see, FL 32303	10

Articles of Amendment to Articles of Incorporation of

SHADET MULTISERVICES INC

(Name		ly filed with the Florida Dept. of Sta	te)
		of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the	: following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
S MULTISERVICES INC	•		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association,"	Sorp." "Inc," or "Co".	A professional corporation name mi	bbreviation "Corp.,"
B. Enter new principal office address,	if applicable:	515 NE 50TH CT	
(Principal office address MUST BE A S		POMPANO BEACH, FL 33064	1
		•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		515 NE SOTH CT	H 9: L
(Manny dances Manne Dance Const.)	<u> </u>	POMPANO BEACH, FL 33064	1 N
D. If amending the registered agent at new registered agent and/or the new Name of New Registered Agent			<u>e</u>
	(Florida st	reet uddress)	
New Registered Office Address:	N/A		
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	tered agent. I am familiar		position.
Check if applicable			

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

Attach additional sheets, if necessary). (Be specific)		
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f an amendment provides for an exchange, reclassification, or cancellation of is	ssued shares,	
provisions for implementing the amendment if not contained in the amendmen	nt itself:	
(if not applicable, indicate N/A)		
		-
		-
		-
		•
		-
		-
		-
		• -

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	PT John	1 Doe			
X Remove	<u>V</u> <u>Mik</u>	e Jones			
X Add	SV Sally	y Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>		
1) N/A Change	·			3	4
N/A Add					
N/A Remove				- ca	
2) Change				- 17 · · · · · · · · · · · · · · · · · ·	
Add				9: 42 STATE	H _L CS ¹
Remove Change				, H 5	
Add					
Remove					
4) Change					
Add			·		
Remove					
51 Change					
Add				 	
Remove					
6) Change					
Add					
Remove					

· · · · · · ·

The date of each amendment(s) a late this document was signed.	doption:	, if other than th
_	JUNE 01, 2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amena	lment file date)
		·
Note: If the date inserted in this becoment's effective date on the D		ng requirements, this date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors v	without shareholder action and shareholder
The amendment(s) was/were ad- by the shareholders was/were so	pted by the shareholders. The number of votes of flicient for approval.	cast for the amendment(s)
must be separately provided for	roved by the shareholders through voting groups each voting group entitled to vote separately on for the amendment(s) was/were sufficient for ap	the amendment(s):
by .		
	(voting group)	200 Dec 200 De
JUNE 01,	2023	PH 9
Signature	In Oleman	9: 42 STATE E. FL
selecte	rector, president or other officer – if directors or I, by an incorporator – if in the hand, of a receiv ed fiduciary by that fiduciary)	
	PATRICIA ALMANZAR	
	(Typed or printed name of person sig	gning)
	PRESIDENT	
	(Title of person signing)	