Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000166827 3)))



H200001668273ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone

: (305)937-7773

Fax Number

: (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN SIMELI INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUH O 4 1920

Articles of Amendment to Articles of Incorporation of

.:

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P20000036396		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following	lowing amendment(
t amending name, enter the new name of the corporation:		
		_
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must c	The new viation "Corp" ontain the word
3. Enter new principal office address, if applicable:	2875 NE 191 STREET	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	STE 601	
	AVENTURA, FL 33180	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2875 NE 191 STREET	202 SE TAL
	STE 601	CREIS L AHA
	AVENTURA, FL 33180	ASS ASS
. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	ress in Florida, enter the name of the	AH 8:
Name of New Registered Agent		: 25 - 25 - 25 - 25
2875 NE 191 STREET ST	TE 601	F- 0,
	rect address)	
New Registered Office Address: AVENTURA	(City) Florida 331	80
The state of the s		(Zip Code)

☐ 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.

Example:

X Change	<u>PT</u>	John Doe		2020 SE1
X Remove	<u>v</u>	Mike Jones		TC BS
X Add	<u>sv</u>	Sally Smith		CRETARY LAHASSE
Type of Action (Check One)	Title	Name	<u>Addres</u> s	SSEE A
1) X Change	P	GOLDENBERG, ELIYAHU	2875 NE 191 STREET	د ال
Add			STE 601	2001
Remove			AVENTURA, FL 33186)
2) Change				
Add				
Remove 3) Change				
A dd				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Romove				
Change				
-				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
	 -	
	·	
		_
		
	A C	7
		5050
	An H H	S S S
	358 787	دل
If an amandment availage for an all and a second areas and a second areas are a second areas a	ن ج بر بر	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	.±	AH
(if not applicable, indicate N/A)	íai Ori	ö
	6 0€	26
A		
	. _	
	 -	

The date of each amendment(s) a date this document was signed.	adoption:	if other than the
Effective date if applicable:	_	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and	sharcholder
☐ The amendment(s) was/were adby the shareholders was/were st	opted by the sharcholders. The number of votes cast for the amendment(s) officient for approval.	
must be separately provided for		2020 JUN -3 SECRETARY FALL AHASSE
06/93/2020 Dated Signature (By a di	rector, president or other officer – if directors or officers have not been	AM 8: 26
appoint	d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) GOLDENBERG, ELIYAHU	
	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	