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A RAMSEY

## COVER LETTER

TO: Amendment Section Division of Corporations	1 Å
NAME OF CORPORATION: Sem	oldings, Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Servio Asta	uid
	Name of Contact Person
_ · <del> · _ , ,</del>	Firm/ Company
33 SW 2nd	Ave Suite 1103
Miami, FL	Firm/ Company AVO SUITO 1103  Address  33130  City/ State and Zip Code
Sastacio (a E-mail address: (10 be us	City/ State and Zip Code  iPipro(e51' Ng. in 1  sed for future annual report notification)
For further information concerning this matter, please	se call:
	at ( 954 ) 708 - 3704  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee  \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

2021 IN FILED Articles of Incorporation of

Sern Holdings Inc.	ly filed with the Florida Dept. of State)
(Name of Corporation as current	ly filed with the Florida Dept. of State)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Sevn Enterprises, Inc.  name must be distinguishable and contain the word "corporation,"	The new
tame mast be distinguishable and comian the sond—corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered." "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
	WIA
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIA
	NIA
C. Enter new mailing address, if applicable:	1/1h
(Mailing address MAY BE A POST OFFICE BOX)	NIA
	1// Pt
	1014
<ol> <li>If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres</li> </ol>	
Name of New Registered Agent 11A	· · · · · · · · · · · · · · · · · · ·
(Florida st	reet address)
New Registered Office Address:///	, Florida
New Registered Agent's Signature, if changing Registered Agen Thereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the position.
NIA	Registered Agent, if changing
Signature of New I	Registered Agent, if changing
Charle if applicable	

Check if applicable  $\Box$  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:

Remove

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 D	<del>loc</del>	
X Remove	V Mike J	<u>ones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) NH Change	NIh	NA	MA
Add			
Remove			
2) Change		<u></u>	
Add			
Remove Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

If amending or adding additional A	rticles, enter change(	s) here:		
(Attach additional sheets, if necessary)	). (Be specific)			
N/D				
			· · · · · · · · · · · · · · · · · · ·	
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			<del></del>	<del> </del>
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<u>• • • • • • • • • • • • • • • • • • • </u>				
	<u></u>			
If an amendment provides for an exprovisions for implementing the ar	change, reclassificat	ion, or cancellation	of issued shares,	
provisions for implementing the ar	mendment if not cont	ained in the amend	iment itseit:	
(if not applicable, indicate N/A)				
A) II)				
			,	

•

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(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 requirements, partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was were addaction was not required.	opted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was were add by the shareholders was were st	opted by the shareholders. The number of votes east for the amerafficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by <b>N/</b> A	."	
	(voting group)	
selecte	30 2021  irector, president or other officer – if directors or officers have not, by an incorporator – if in the hands of a receiver, trustee, or ot	
appoin	led (iduciary by that fiduciary)	
	Servio Astacio	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	