P210000 25402

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| | | |
| (Add | dress) | |
| | | |
| (Add | dress) | |
| · · | , | |
| (City | JOhaka Mind Dhann | - 40 |
| (Cit) | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bus | siness Entity Nar | ne) |
| | | |
| (Doc | cument Number) | |
| (2.2) | ·, | |
| C-4:6-4 C1 | C-4:5: | £ Ch-h::- |
| Certified Copies | _ Centificates | s or Status |
| | | _ |
| Special Instructions to f | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000364361030

04/28/21--01021--009 **35.00

FILED
21 APR 26 M 8 44
21 SELECTION OF STATE

XXX

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | DRATION: Sales Consultants | Group Inc. | - <u>-</u> | | |
|--|---|---|--|--|--|
| DOCUMENT NUM | 1BER: P21000025402 | | | | |
| | es of Amendment and fee are su | ibmitted for filing. | | | |
| Please return all corr | respondence concerning this ma | ster to the following: | | | |
| | Yvonne M. Ramirez | | | | |
| | | Name of Contact Person | 1 | | |
| | Elite Professional Finance | | | | |
| | Firm/ Company | | | | |
| | 1381 SW 155 Avenue | | | | |
| | | Address | _ | | |
| | Miami, FL 33194 | | | | |
| | | City/ State and Zip Cod | e | | |
| | yramirez@eliteprofessionalfi | nance.com | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further informati Yvonne M. Ramirez | ion concerning this matter, plea | se call: at (305 | 240-2257 | | |
| Name | e of Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check | for the following amount made | payable to the Florida Depa | artment of State: | | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Mailing Address | | Street | Address | | |
| Amendment Section | | Amendment Section | | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee | | | |
| | llahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

| Sales Consultants Group Inc | | | |
|---|---|--|--|
| (Name of Corporation as curren | tly filed with the Florida Dept. of State) | | |
| R21000024502 | | | |
| (Document Number | of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to | | |
| A. If amending name, enter the new name of the corporation: | | | |
| | The new | | |
| name 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 contain the word | | |
| B. Enter new principal office address, if applicable: | 15476 NW 77 Court | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Unit 314 | | |
| | Hialeah, FL 33016 | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 15476 NW 77 Court | | |
| | Unit 314 | | |
| | Hialeah, Fl. 33016 | | |
| D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address NA Name of New Registered Agent N/A | | | |
| (Florida s | street address) | | |
| New Registered Office Address: | Florida | | |
| | with and accept the obligations of the position 🚾 🔾 | | |
| Cione de la Contraction de la | | | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New | <u>"</u> | | |

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)

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:

| \underline{X} Change | <u>PT</u> | John D | <u>oe</u> | |
|-------------------------------|--------------------------|---------|-------------------|--------------------|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jo | <u>ones</u> | |
| X Add | <u>sv</u> | Sally S | <u>mith</u> | |
| Type of Action (Check One) | Title | | Name | Address |
| 1) X Change | P | _ | Jean Beltran | 15476 NW 77 Court |
| Add | | | | Unit 314 |
| Remove | | | | Hialeah, Fl. 33016 |
| 2) Change | VP | _ | Elaine M. Beltran | 15476 NW 77 Court |
| X Add | | | | Unit 314 |
| Remove Change | | _ | | Hialeah, FL 33016 |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| λ. | ditional sheets, if necessary). (Be specific) |
|---------------------------------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| <u>fan ame</u> | adment provides for an exchange, reclassification, or cancellation of issued shares, |
| tif n | is for implementing the amendment if not contained in the amendment itself: t applicable, indicate N/A) |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | replicable, macade 1011) |
| \ | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| The date of each amendment(s) a date this document was signed. | doption: | if other than the |
|--|--|--------------------------------|
| Effective date if applicable: | | |
| <u>н ирулсиле</u> . | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this l document's effective date on the D | block does not meet the applicable statutory filing requirements, this department of State's records. | late 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 shareholder act | ion and shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were so | opted by the shareholders. The number of votes east for the amendment afficient for approval. | (s) |
| ☐ The amendment(s) was/were app must be separately provided for | proved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s): | rent |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| 04/20/2021 Dated Signature | 02 | |
| seledte: | rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary) | n |
| | Jean Beltran | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |