P22000018852

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A. BUTLER
JUL 22 2022

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: SERVICE CORP COM INC DOCUMENT NUMBER: P22000018852 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LEANDRO BERETTA Name of Contact Person SBGE USA TAX ACCOUNTING & FINANCIAL Firm/ Company 1701 W HILLSBORO BLVD SUITE 304 Address DEERFIELD BEACH, FL 33442 City/ State and Zip Code INFO@SBGEUSA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEANDRO BERETTA _at (\frac{561}{Area Code & Daytime Telephone Number} Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 to Articles of Incorporation of

FILED

SERVICE CORP COM INC.

SERVICE CORP COM INC	9849 M + W + T - T + T + T + T + T + T + T + T + T
(Name of Corporation	n as currently filed with the Florida Best of State PH 4: 17
P22000018852	WIGNETS IN DE STATE
(Docume	ent Number of Corporation (if known) IALL MMASSEE, FL
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrevi	The new 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) <u> </u>
). If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	tice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Your Description of Assume Citizen and Section 1	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept the obligations of the position.
Signate	ure of New Registered Agent, if changing
heck 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: X Change	<u>79</u>	John Doe	
-			
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	DIMITRIOS KATSIKIS	1501 NW 45 STREET SUITE A3
XAdd			DEERFIELD, FL 33064
Remove			
2) Change			
Add			
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ry). (Be specific)			
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f an amendment provides for an	exchange, recrassii	neation, or cancentar	<u>.ion or issued snares</u> endment itself:	1
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provisions for implementing the a	amendment if not	contained in the am		

The date of each amenda date this document was sig		, if other than the
Effective date if applicab	le:	
	(no more than 90 days after amendment file de	ute)
Note: If the date inserted document's effective date	in this block does not meet the applicable statutory filing requirem on the Department of State's records.	ients, this date will not be listed as the
Adoption of Amendment	(s) (CHECK ONE)	
☐ The amendment(s) was action was not required	/were adopted by the incorporators, or board of directors without share.	reholder action and shareholder
▼ The amendment(s) was by the shareholders wa	/were adopted by the shareholders. The number of votes cast for the is/were sufficient for approval.	amendment(s)
	/were approved by the shareholders through voting groups. The follo vided for each voting group entitled to vote separately on the amendr	
"The number of v	otes cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
M Dated	AY 12TH 2022	
Signatur		
	(By a director, president or other officer – if directors or officers ha selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	ve not been or other court
	DIMITRIOS KATSIKIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	