PA3000025290

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Silver Shadow US	Согр	
DOCUMENT NUMB	BER: P23000025290		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Haim Geri		
•		Name of Contact Persor	1
		Firm/ Company	
	21120 JIB CT K-11		
		Address	
	Aventura, FL 33180		
		City/ State and Zip Code	
	jeanettel@taxvisionusa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: at (212	444-8087
Name o	of Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi: P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section In of Corporations In of Tallahassee I. Monroe Street, Suite 810 Issee, FL 32303

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Articles of Amendment to Articles of Incorporation of

Silver Shadow US Corp	
(Name of Corporation as currently	y filed with the Florida Dept. of State)
P23000025290	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	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," "C"." or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Haim Geri
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address	
new registered agent and/or the new registered office address	္
Name of New Registered Agent	
(Florida str	evt address)
New Registered Office Address:	, Florida
	(Cuy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New R	egistered Agent, if changing

Check if applicable

☐ 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:

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	<u>oe</u>		
X Remove	$\underline{\mathbf{v}}$	Mike Jo	ones _		
_X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	<u>v</u>	_	Haim Geri	21120 JIB CT K 11	
xAdd				Aventura, Fl. 33180	
Remove					
2) Change					
Add					
Remove Change					
Add					
Remove					;
4) Change		_			
Add				<u>.</u> .	
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Damoua					

amending or adding additional A tach additional sheets, if necessary). (Be specific)				
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n amendment provides for an ex	change, reclassificatio	n, or cancellation	of issued shares.		
ovisions for implementing the an (if not applicable, indicate N/A)	iendment if not conta	ned in the amend	ment itself:		
			<u>-</u>		_
			· · · · · · · · · · · · · · · · · · ·		
					_

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wipartment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoptaction was not required.	oted by the incorporators, or board of directors without shareholder action an	d shareholder
The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
DatedII 2	5 2023	
Signature	_CMO	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	· ·
В	laim Cieri	23
-	(Typed or printed name of person signing)	-
V	lice President	<u>.</u> :
_	(Title of person signing)	<u> </u>