P23000038964

(Re	questor's Name)	
(Ad	dress)	<u>.</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
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SECRETARY OF STATE



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: S & M GROUP CO)RP			
	NUMBER: P23000038964				
	ticles of Amendment and fee are su	bmitted for filing.			
Please return all	correspondence concerning this ma	tter to the following:			
	ROSEMARY MARKS				
		Name of Contact Persor	า	-	
	RDM BOOKKEEPING SER	VICE & CONSULTING C	ORP		
	 	Firm/ Company		-	
	2300 W SAMPLE RD,STE 2	10			
		Address		-	
	POMPANO BEACH - FL 33	073			
		City/ State and Zip Cod	c	-	
	rdmbookkeepingservice@gm	ait.com			
	E-mail address: (to be us	sed for future annual report	notification)		
					ر ع
For further infor	mation concerning this matter, plea	se call:		7. O	D?3 I
ROSEMARY M	1ARKS	at (443-2789	SECREL BY OF STATE	2023 MAY 31
١	Name of Contact Person		de & Daytime Telephone Numbe	計三法	<u> </u>
Enclosed is a ch	eck for the following amount made	payable to the Florida Depa	artment of State:	49	AM 10: 62
🕮 energiir	in Bear as pine pro H	Dear as miles nos a	D652 50 PW U	E ST	Q. 0.
S35 Filing F	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)		7
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

Same Strain Contract

S & M GROUP CORP		
(Name of Corpor	ration as currently filed with the Florida Dept. of State)	
P23000038964		
(Do	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amen-	dment(s) to
A. If amending name, enter the new name of th	ie corporation:	
	The	nese
	l "corporation," "company," or "incorporated" or the abbreviation "Cor Inc," or "Co". A professional corporation name must contain the w	p., "
B. Enter new principal office address, if applica	able:	_
(Principal office address MUST BE A STREET)		_
		_
		_
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
		~3
D. If amending the registered agent and/or registered agent and/or the new register	istered office address in Florida, enter the name of the	16 AVH 8202
	<u> </u>	A
Name of New Registered Agent		~ ເ
	<u> </u>	_
	(Florida street address)	AH 10:
New Registered Office Address:	Florida	_;
	(City) (Zip Coda)	02
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligations of the position.	
77		
S	Signature of New Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to	o 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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	AMBR	ARGENTA, ANDREY M	1521 SW 186TH AVE
Add			PEMBROKE PINES, FL 33029
Remove			
2) Change			
Add			
Remove 3) Change		-	
Add			
Remove			
4) Change			
Add			3ECRET 7/11/
Remove			
5) Change			
Add			
Remove			ATE ATE
6) Change			
Add			
Remove			

tach additional sheets, if necessary). (Be specific)	
	<u>, </u>
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	,
an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:	<u></u>
(if not applicable, indicate N/A)	SECREI TALLA
	* N
	350
	SF STATE
	ATT ATT
	7.7

The date of each amendment(s) adoption: $\frac{5/28/2023}{25/2023}$ if other than the date this document was signed. Effective date if applicable: $\frac{5/28/2023}{2023}$
date this document was signed.
Effective date if applicable: $5/25/2023$
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by"
by" (voting group)
Dated 5/25/2023
Signature December 1
(By defrector, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
No la
Marks.
(Typed or printed name of person signing)
(Title of person signing)

2029 MAY 31 AH IO: 02
SECRETACL OF STATE
TALLAHAS TELFL