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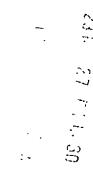
	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. Promis
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	Office Use Only

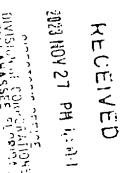


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11/70/23--01802--012 **10.00

11/49/23 -01002--011 **25.00





COVER LETTER

Division of Corporations Afs connection INC P23000063163 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tilua figuena do Silva Chame of Contact Person Connection INC
Firm/ Company Chalfor Dr
Address Orlando FL 32837
City/ State and Zip Code For further information concerning this matter, please call: 7/09 figueng de Silva at 305 2401835
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 □\$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

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

Articles of Amendment to Articles of Incorporation

ALS Connection TNC

(Name of Corporation as currently filed with the Florida Dept. of State)

P230000 63 16 3

(Document Number of Corporation (if known)

ons of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:
SHIS Conexion INC The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word
"chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

<u> </u>
C. Catanana and madding address if an alicable.
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
tame of frew negative argum
4612 Chalfort Dr
(Florida street address)
New Registered Office Address: Orlando Florida 32837
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>Τη</u>	<u>John Do</u>	<u>e</u>		
X Remove	<u>V</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Sn	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change		_			
Add					
Remove					
2) Change		_	4.441		
Add					
Remove 3) Change	 				
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		-			
Add					
Remove					
6) Change		_			
Add					
Remove					

, 5	cles, enter change(s) here: (Be specific)		
-			
			
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an amendment provides for an exch	ange, reclassification, or canc	ellation of issued shares.	
rovisions for implementing the ame	dment if not contained in the	amendment itself:	
(if not applicable, indicate N/A)		•	
, .			

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.	,	
Effective date if applicable:	11/27/2023	
	(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 requir partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without s	chareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for t fficient for approval.	he amendment(s)
• •	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the ame	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	11/27/23	
Signature	Lilaia, be do tilva)	
(By a di	rector, president or other officer – if directors or officers I, by an incorporator – if in the hands of a receiver, truste	
	ed fiduciary by that fiduciary)	
	TILUW F. de	Silva
	(Typed or printed name of a control of the control	
	1 P	
	(Title of person signing)	