## P24000011634

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: EFH SERV	VICES INC
DOCUMENT NUMBER: P24000011634	
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
NIMROD BEN ISH	AY
	Name of Contact Person
<i>EFH' \$ER\ \ \</i> (\CE\$ ( <b>)\</b> \	c .
	Firm/ Company
20533 BISCAYNE B	• •
	Address
AVENTURA. FL 33	180
	City/ State and Zip Code
efhservices3333@gn	nail.com
E-mail address:	(to be used for future annual report notification)
For further information concerning this mat  CARMEL BENISHAY	ter, please call: at ()
Name of Contact Person	at ()  Area Code & Daytime Telepl ione Number
Enclosed is a check for the following amount	nt made payable to the Florida Department of State:
\$35 Filing Fee	<del>_</del>
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  The Centre of Tallahasse e  2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

EFH SERVICES INC		
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)	
P24000011634		
(Document Nur	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this Florida Profit Corporation adopts the follow	ing amendment(s) to
A. M smending name, enter the new name of the corporati	ហ្គា:	
N/A		The new
name must be distinguishable and contain the word "corporation". or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	o". A professional corporation name must cont	tion "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A.	
	<del></del>	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A I IS	2024
D. If amending the registered agent and/or registered offic		FILED
new registered agent and/or the new registered office ac	dress:	ဗ္
Name of Neu Registered Agent		06
(Flo	rida street address)	_
New Registered Office Address:	Florida	
	(Ciny) (Zij	p Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		<b>1</b> .
Signature of .	New Registered 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)

Please more the afficent director title by the first letter of the affice 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 no ted 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i') Cikange	V	CARMEL BENISHAY	20533 BISCAYNE BLVD 4-222
X Add	-		AVENTURA, FL 33180
Remove			
2) Change			
Add			
Remove			
Add			
Remove			<u></u> -
4) Change			
Add			- <u></u> -
Remove			
5) Change	<del></del>	<del></del>	
Add			
Remove			
6) Change		_	
Add			
Remove			

A	). (Be specific)		
Λ			
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	<del></del>		
	1		
lf an amendment provides for an ex	change reclassification or con-	callation of issued share.	
THE SUCCESSION OF STREET	nendment if not contained in th	e amendment itself:	
provisions for implementing the an			
provisions for implementing the an (if not applicable, indicate N/A)			
provisions for implementing the an (if not applicable, indicate N/A)	·		
provisions for implementing the an (if not applicable, indicate N/A)			
provisions for implementing the an (if not applicable, indicate N/A)			
provisions for implementing the an (if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
vif not applicable, indicate N/A)			
vif not applicable, indicate N/A)			
provisions for implementing the an			

The date of each amendment(s) a date this document was signed.	doption:	, 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 to document's effective date on the D	block does not meet the applicable statutory filling requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adeaction was not required.	opted by the incorporators, or board of directors without sharehol der a	ction and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment of ufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cus	for the unerdineal(s), was were sufficient for approval.	
by	<u>,"</u>	
•	(voting group)	
Dated  O	16/2024	
Signature		
selecte	trector, president or other officer — if directors or officers have not be d, by an incorporator — if in the hands of a receiver, trustee, or other c ted fiduciary by that fiduciary)	
	NIMROD BEN ISHAY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

, . , . ,