

P99000093434

Requestor's Name

S. DOSTER  
P.O. BOX 680783  
MIA. Fla. 33168

#

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

NC + AM  
KRG 11/18

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 29, 1999

S & N LIQUIDATORS, INC.  
PO BOX 680783  
MIAMI, FL 33168

SUBJECT: S&M LIQUIDATORS, INC.  
Ref. Number: P99000093434

We have received your document for S&M LIQUIDATORS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

YOUR FAX HAS BEEN RECEIVED. THE CHANGE OF NAME AND ANY OTHER CHANGES, SUCH AS OFFICER/DIRECTOR ADDRESS CHANGE, MUST BE DONE BY MAIL. THE ONLY THING ACCEPTED BY FAX IS THE CHANGE OF PRINCIPAL/MAILING ADDRESS. TH8IS HAS BEEN DONE. PLEASE CORRESPOND BY MAIL IN ALL OTHER SITUATIONS.

NAME AVAILABILITY NO LONGER EXISTS AS A SERVICE OF THE DIVISION OF CORPORATIONS. THE NAME WILL BE REVIEWED UPON RECEIPT OF THE DOCUMENT.

I'M CHECKING THE NAMES SUBMITTED AS A COURTESY. AT THIS TIME, EVERY NAME YOU SUBMITTED IS ALREADY IN USE AND NOT AVAILABLE. PLEASE REMEMBER THAT THE WORD "AND" OR THE CORPORATE SUFFIX DOES NOT MAKE A DIFFERENCE.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson  
Corporate Specialist

Letter Number: 299A00051986

11/2/99

Dear Ms. Karen Gibson,

First I want to thank you for being patience and understanding with me on this adventure.

Ms. Karen I know that you're not supposed to give advise or legal guidance, but its ok with me, I don't mind.

I made a mistake when using the word "Liquidators" because it narrows things down, very slim as to the many, many things I'm into. Ok, S & M Enterprise is taken, Maybe, just Maybe you can think of a name as for the word Enterprise, covers just about everything.

Maybe we can leave S & M Liquidators, and go with some under Doing Business As (DBA) I hope I'm not confusing you, I'm just trying to put the many things I do into a name for my business.

If I owe any more money please let me know, Thanks again.

Sefuster Doster

PH/FAX (305) 685-5371

Bp. (305) 464-3869

P.S. Whatever name you come up with that covers all adventures I

Sefuster Doster

lined with me

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

S & M LIQUIDATORS, INC

P.O. Box 680783

MIAMI, FLA. 33168

(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

The name of the corporation shall be S & M Systems, Inc  
UNDER THE OFFICER DETAIL SCREEN

BOTH SILVESTER DOSTER AND MYRA WILLIAMS ADDRESS

BE CHANGE FROM 18740 WOOD STREET TO

P.O. BOX 680783 MIAMI, FLORIDA 33168

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: 11/2/99.

**FOURTH:** Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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 cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_,"  
voting group

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 2<sup>nd</sup> day of NOVEMBER, 19 99.

Signature

Silvester Doster

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

SILVESTER DOSTER

Typed or printed name

PRESIDENT

Title