	(Requestor's Name)	
	(Address)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	760 N	
	(Business Entity Name)	
	(Document Number)	
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Southeast Design	International, Inc.				
	MBER:					
The enclosed Article	es of Amendment and fee are so	ibmitted for filing.				
Please return all cor	respondence concerning this ma	atter to the following:				
	Bipin Patel					
	Name of Contact Person					
	Southeast Design Internation	al, Inc.				
		Firm/ Company	·			
	2151 Southern Oaks Lane					
	Address					
	Lakeland, FL 33813					
		City/ State and Zip Code	2			
	bippat1@aol.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informat	ion concerning this matter, plea	se call:				
Curt Harbsmeier		at (<u>\$63</u>	619-7330			
Nam	e of Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 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)			

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently filed with the Florida Dept. of	State)
20400001021		 ,
(Docume	Number of Corporation (if known)	
tursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	atutes, this <i>Florida Profit Corporation</i> adopts	the following amendment(s)
If amending name, enter the new name of the cor	oration:	
		Thenew
ame must he distinguishable and contain the word "cor Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbrev	r "Co". A professional corporation name	e abbreviation "Corp.," must-contain the word
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDI</u>	ESS)	حہ:
. Enter new mailing address, if applicable:		28
(Mailing address MAY BE A POST OFFICE BOX		
		100
. If amending the registered agent and/or registere		the
new registered agent and/or the new registered of	<u>ce address:</u>	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	Flo	rida
	(City)	(Zip Code)

Signature of New Registered Agent, if changing

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.

Add

Example: 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)	<u>Title</u>	<u>Name</u>	Address		
1) Change	CFO D	Bharti Bipin Patel	2151 Southern Oaks Lane		
XX Add			Lakeland, FL 33813		
Remove					
2) Change					
Add					
Remove 3) Change					
Add			- AND -		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					

amending or adding additional A tach additional sheets, if necessary	i). (Be specific)			
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in amendment provides for an ex	change, reclassific	cation, or cancell	ation of issued sha	res,
covisions for implementing the ar (if not applicable, indicate N/A)	nendment if not co	ontained in the a	nendment itself:	
(i) not appacame, materie (47A)				
			······	
				·

,		
The date of each amendment(11/27/2023 (s) adoption:	, if other than the
date this document was signed.	•	n other than the
Effective date if applicable:	11/27/2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	cast for the amendment(s) was/were sufficient for approval	
by Bipin Patel, Preside	lent (voting group)	
-	(voting group)	
11/27/2 Dated	2023	
Signature	M	
sele	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Bipin Patel	
	(Typed or printed name of person signing)	

President