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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Saint Michael Impo	orts Inc				
DOCUMENT NUMI	D10000014616					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	•			
Please return all corre	spondence concerning this mat	ter to the following:				
	Nelson Fernandez					
	Name of Contact Person					
	Saint Michael Imports Inc					
		Firm/ Company				
	10921 SW 40th Street					
	Address					
	Miami, FL 33165					
		City/ State and Zip Cod	e			
nafer	007@yahoo.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	e call:				
Nelson Fernandez		at (263-3892			
Name	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	urtment of State:			
□ \$35 Filing 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to

1. ~ 1

-	Articles of Incorporation of	17 APR 10 PH 0: 19
Soint Mich	nol Impork To	The state of the s
(Name of Cor	poration as currently filed with the Flor	rida Dept. of State)
1	(Document Number of Corporation (if kno	wn)
rsuant to the provisions of section 607.1006, Articles of Incorporation:	Florida Statutes, this Florida Profit Corpe	pration adopts the following amendment
If amending name, enter the new name of	f the corporation:	
me must be distinguishable and contain to Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co". A professiona	
Enter new principal office address, if apprincipal office address MUST BE A STREE		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
If amending the registered agent and/or new registered agent and/or the new regi		r the name of the
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changinereby accept the appointment as registered a	ng Registered Agent: ngent. I am familiar with and accept the o	bligations of the position.
	Signature of New Registered Agent, if cl	haneing

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	<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>	Name	<u>Addres</u> s	
1) Change	P	Isaias Plata	10919 SW 40th Street	
Add			Miami, Fl 33165	
X Remove		•		
2) Change	T	Elizabeth Tejeda	9735 Fontain Bleu Blvd Apt 307	
X Add		·	Miami, Fl 33172	
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
	,
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	4/06/2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this of Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	der
04/06/20 Dated	017	
Signature	refor tunande	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other commend fiduciary by that fiduciary)	
	Nelson Fernandez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	