P16000051655

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: SABA MIAMI	US CORP.				
DOCUMENT NUMBE	CR: P16000051685					
The enclosed Articles of	Amendment and fee are su	abmitted for filing,				
Please return all corresp	ondence concerning this ma	atter to the following:				
		VANIA GALLI				
_	Name of Contact Person					
	SABA MIAMI US CORP.					
_	Firm/ Company					
	13499 BISCAYNE BOULEVARD STE TS-1					
_	Address					
	NORTH MIAMI, FL 33181					
_		City/ State and Zip Cod	e			
		thebusinessassistance@gn	nail.com			
	E-mail address: (to be u	sed for future annual report				
For further information of	concerning this matter, plea	se call:				
VANIA GALLI		305	816-6281			
Name of	Contact Person	at (Area Co) de & Daytime Telephone Number			
	he following amount made					
S35 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

	SABA MIAN	4I US CORP.	
(Name	of Corporation as current	ly filed with the Florida Dept. of State)	
	P1600	00051685	
	(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607. Is Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendmen	ı(s) to
A. If amending name, enter the new na	ame of the corporation:		
		The new	
	iation "Corp," "Inc," or '	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		13499 BISCAYNE BOULEVARD STE TS-1	
		NORTH MIAMI, FL 33181	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13499 BISCAYNE BOULEVARD STE TS-I	
		NORTH MIAMI, FL 33181	
If amending the registered agent an new registered agent and/or the new	 		
Name of New Registered Agent BUSINESS ASSISTAN		E INC.	
Name of New Registered Agent	13499 BISCAYNE BOULEVARD STE TS-1		
	(Florida str	cet address)	
New Registered Office Address:	NORTH MIAMI	. Florida 33181	
		(City) (Zip Code)	282
			2828 MAR
lew Registered Agent's Signature, if c hereby accept the appointment as regist		i with and accept the obligations of the position.	AR -9
· •			₽
	Mr.	Kistowak Apart if alamaina	ယ္
	Signature of New I	Registered Agent, if changing	

Page 1 of 4

If amending the Officers and/or Directors, enter the fitle 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 Doc	
X Remove	$\overline{\Lambda}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Ţ	SILVESTRI, LORENZO	1200 BRICKELL AVE STE. 310
Add			MIAMI, FL 33131
X Remove			
2) Change	VP	GALLI, GIUSEPPE	1200 BRICKELL AVE STE, 310
Add			MIAMI, FL 33131
X Remove			
3) X Change	D,P,S	GALLI, VANIA	13499 BISCAYNE BOULEVARI
Add	,		STE TS-1
Remove			NORTH MIAMI, FL 33181
4) Change	D,∀P	DELLA BIANCIA, MANUELA	13499 BISCAYNE BOULEVARD
X Add			STE TS-1
Remove			NORTH MIAMI, FL 33181
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The aniendment(s) was/were approved by the shareholders through voting groups. The following s 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	eholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	der
02/27/2020 Dated	
Signature Vaurio Goldi	
(By a director, president or other officer - if directors or officers have not	heen
selected, by an incorporator if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	r court
Vania galli	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	•