## P21 000005398

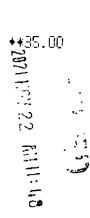
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I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Cor	porations		
NAME OF CORPO	DRATION: SECRET DEAL IN	NC	
	1BER: P21000005398		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	MARIAM SALIB		
		Name of Contact Perso	n
	SECRET DEAL INC		
		Firm/ Company	-
	2901 THEME ST		
		Address	
	KISSIMMEE FL 34746		
		City/ State and Zip Coc	le
	SECRETDEALINC@GMAI	L COM	
		sed for future annual repor	Enotification)
	,		
For further informati	on concerning this matter, pleas	se call:	
MARIAM SALIB		at (321	9483785
Name	e of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check (	for the following amount made	payable to the Florida Dep	sartment of State:
■ \$35 Filing Fee	☐S43.75 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			Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810	
		Tallahassee, FL 32303	

## **Articles of Amendment**

Artic	to les of Incorporation
Secr	et realine
(Name of Corporation as	currently filed with the Florida Dept. of State)
20	1000005398
(Document N	Sumber of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ation:
	The new
	ution," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word in "P.A."
B. Enter new principal office address, if applicable:	ب
(Principal office address MUST BE A STREET ADDRES	$\underline{\underline{s}}$ )
	2
	2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Stating datess MAT BE A POST OFFICE BOX)	<del></del>
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	address:
Name of New Registered Agent	
	·lorida street address)
17	III Ha Si vet (dan ess)
New Registered Office Address:	, Florida
	(City) Zip Code)
N. N	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am J	' <u>d Agent:</u> familiar with and accept the obligations of the position
The state of the s	and a companies of the position.
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 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	
$\underline{X}$ Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ROMANY AIAD	2901 THEME ST KISSIMMEE
Add			F1. 34746
X Remove 2) Change	VP	OLIVIA BOTROS	208 PEUMOSO LOOP
Add			DAVENPORT FL 33897
$\frac{X}{3}$ Remove Change	P	MARIAM SALIB	1084 DEES DR OVIEDO FL 3276
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary), (Be specific)
<del></del>
F. 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:  (if not applicable, indicate N/A)
MARIAM SALIB SHALL STAY WITH ALL AVAILABLE SHARES OF COMPANY
- · · · · · · · · · · · · · · · · · · ·
<del></del>

11/12/2021	
The date of each amendment(s) adoption:	, if other than the
11/12/2021	
Effective date if applicable: (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, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	ction and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	rment -
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
Dated	
Signature Roman Area  (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other officers.)	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<del></del>
ocinile A	
(Title of person signing)	···