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LLAHASSEE, FLORFI

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

.

NAME OF CORPOR	ATION:	SA CORP	
DOCUMENT NUMB	P17000059929		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	nondence concerning this ma	tter to the following:	
	JOSE ZAMORA		
-		Name of Contact Person	1
-		Firm/ Company	
	18181 NE 31 CT, SUITE 200	6	
<del>-</del>		Address	
	AVENTURA, FL 33160		
_		City/ State and Zip Cod	e
i	intergraph.usa.corp@gmail.c	om	
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JOSE ZAMORA		786 at (	334-4870
Name of Contact Person		at ( Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Division The C 2415 i	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

/N (C	tly filed with the Florida Dept. of State)	
P17000059929	try fried with the Printida Dept. (it State)	
	of Corporation (if known)	
•	•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	20200 W. Dixie Highway	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite 902	
	Aventura, FL 33180	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20200 W. Dixie Highway	
(Maning dadress MAT BE A POST OFFICE BOX)	Suite 902	
	Aventura, FL 33180	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		
Name of New Registered Agent		
·	treet address)	
New Registered Office Address:	(City) , Florida (Zip Code)	
New Registered Agent's Signature, If changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	it; with and accept the obligations of the position	
r nevery accept the appointment as registered agent. Transfammar	with the tactory are orangement of the position.	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

Example:

Please note the officer/director title by the first letter of the office title:

P = President;  $\tilde{V} = Vice\ President$ ; 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>P. I.</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	VP	ADELA YRALA DE ZAMORA	18181 NE 31 CT
Add			SUITE 206
X Remove			AVENTURA, FL 33160
2) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Samending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del></del>	
<del></del>	
	<del></del> -
<del></del>	
<del></del>	
<del></del>	
an amendment provides for an exch	nange, 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
Effective date <u>if applicable:</u>	
(1	no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory filing requirements, this date will not be listed as tlate's records.
Adoption of Amendment(s) (CHEC	ÇK ONE)
The amendment(s) was/were adopted by the incaction was not required.	corporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	areholders. The number of votes cast for the amendment(s) proval.
	hareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes east for the amenda	nent(s) was/were sufficient for approval
by	"
(voting	group) ."
Signature X	nt or other officer- if directors or officers have not been
selected, by an incorp appointed reduciary by	orator - if in the hands of a receiver, trustee, or other court
JOSE A. ZAN	IORA LOPEZ
(Ty	ped or printed name of person signing)
PRESIDENT	
(Ti	tle of person signing)