1104457
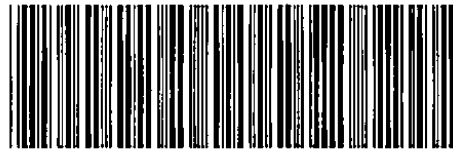
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

||||||||||||||||||||||||||||||||||||||||

1003342073

09/18/19--01011--024

C GOLDEN

OCT - 1 2019

COVER LETTER

NAME OF CORPORATION: SHAKER VILLAS INC

DOCUMENT NUMBER: 164457

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER J. KLEIN
_____
Name of Contact Person

BAUR & KLEIN P.A.
_____
Firm/ Company

100 N. BISCAYNE BLVD., SUITE 2100
_____
Address

MIAMI, FL 33132
_____
City/ State and Zip Code

CKLEIN@WORLDWIDELAW.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER J. KLEIN   at (305) 377-3561
_____   _____
Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ $35 Filing Fee   ☐$43.75 Filing Fee &   ☐$43.75 Filing Fee &   ☐$52.50 Filing Fee
                    Certificate of Status   Certified Copy   Certificate of Status
                                             (Additional copy is   Certified Copy
                                             enclosed)   (Additional Copy
                                                                     is enclosed)

Articles of Amendment
to
Articles of Incorporation
of

SHAKER VILLAS INC.

164457

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the followir its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

_____

_____

_____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

_____

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

_____
(Florida street address)

New Registered Office Address: _____ , Florida_____
(City) *(Zip C*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
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 an 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 C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first I 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 a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Do Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change ____ Add X ____ Remove	T, D	SOVA, STEVEN ✓	26 BAL BAY DRIVE APT. B BAL HARBOUR, FL 33
2) ____ Change X ____ Add ____ Remove	T, D	SYRIANI, ROLAND	24 BAL BAY DRIVE APT. F BAL HARBOUR, FL 33
3) ____ Change ____ Add ____ Remove			
4) ____ Change ____ Add ____ Remove			
5) ____ Change ____ Add ____ Remove			
6) ____ Change ____ Add ____ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary*) *(Be specific)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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)

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____
date this document was signed.

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 date will document's effective date on the Department of State's records.

Adoption of Amendment(s)   (**CHECK ONE**)

■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*
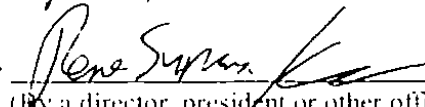
   "The number of votes cast for the amendment(s) was/were sufficient for approval

   by _____."
                    (voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated   *Sept 16, 2019*

Signature   *Rene Syriani*

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

RENE SYRIANI
_____
(Typed or printed name of person signing)

PRESIDENT, DIRECTOR
_____
(Title of person signing)