N88543

	(Requestor's Name)					
	(Address)					
	(City/State/Zip/Phone #)					
)	PICK-UP WAIT MAIL					
•	(Business Entity Name)					
,	(Document Number)					
	Certified Copies Certificates of Status					
	Special Instructions to Filing Officer:					





100332890091

08/19/19--01997--028 **70.00

SECURE IN ANY OF STATE.

AUR 2 8 2018

T. LETTERS

COVER LETTER

Division of Corp					
NAME OF CORPO	RATION: Styperek Enterpr	ises, Inc			
DOCUMENT NUM					
The enclosed Articles	of Amendment and fee are s	submitted for filing.			
Please return all corre	spondence concerning this m	satter to the following:			
	Dr. Janina Styperek				
		Name of Contact Perso	מו		
	Styperek Enterprises, Inc				
		Firm/ Company			
	2314 S. Seacrest Bive #101				
		Address			
	Boynton Beach, FL 33435				
		City/ State and Zip Cod	lo		
france	sscogna@gmail.com				
	E-mail address: (to be u	sed for future annual report	notification)		
			,		
For further information	concerning this matter, plea	se call:			
Frances Scogna		at (<u>\$61</u>	267-2098		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made		-		
\$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)		
Amen Divisi P.O. I	ng Address Idment Section Ion of Corporations Box 6327 Lassee, FL 32314	Amend Divisio Cliston 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation

FILED

Styperek Enterprises, Inc.	
	of 588 88 14 to 11.33
(Name of Corpor	TALLAHASSEE. FLORIUA
188543	TALLAHASSEE: FLURIOA
(Do	ocument Number of Corporation (if known)
fursuant to the provisions of section 607.1006, Flors Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendm
. If amending name, enter the new name of the	e corporation:
name must be distinguishable and contain the 'Corp.," "Inc.," or Co.," or the designation "Covord "chartered," "professional association," or the contact of	The neword "corporation." "company," or "incorporated" or the abbreviation or "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>	able: ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
. If amending the registered agent and/or regis new registered agent and/or the new register	stered office address in Florida, enter the name of the red office address:
Name of New Registered Agent	
	(Florida street address)
	(Florida street addrass)

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 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.

Example: X Change	PT	John Doc			
X Remove	<u>v</u>	Mike Jones			
<u>X</u> Add <u>SV</u>		Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	STD	Kinga Styperek-Grohmann	2314 S Seacrest Blvd #101		
Add			Boynton Beach PL 33435		
X Remove					
2) Change	DIR	Andrew Styperek	2314 S Seacrest Blvd #101		
Add			Boynton Beach FL 33435		
X Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	icles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
<u> </u>	
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ameni	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

 $(A_{i,j}, A_{i,j}, A_{i,j},$

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
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.	not be listed as the
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	
by	
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.	
8/1/19	
Signature (By a director, president of 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 induciary by that fiduciary)	-
()	
(Typed or printed name of person signing)	
(Title of person signing)	