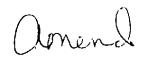
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A. RAMSEY FEB 2 4 2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Saapa, Inc. NAME OF CORPORATION:	
N15000011122 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for fi	
·	
Please return all correspondence concerning this matter to the fol	lowing:
Leonard Tucker	
(Name of C	Contact Person)
(Firm/	Company)
147 San Marco Ave	
(А	ddress)
St. Augustine FL 32084	
(City/ State	and Zip Code)
ltucker@leonards.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call;	
	શ
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to th	e Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 In Certificate of Status Certificate of Status (Addition encloses	l Copy Certificate of Status nal copy is Certified Copy

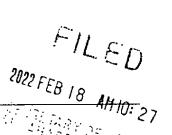
Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Saapa. Inc.

(Name of Corporation as currently filed with the Florid	la Dept, of State)	MANUE 2
N15000011122		A PARTY DE
(Document Nu	mber of Corporation (if kno	own) (1-22 <sub>11</sub> )
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	ntutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
N/A	_	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	SS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered of	office address in Florida.	enter the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:		
	· (Flo	rida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		he obligations of the position.
	Signature of New Registe	red 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 X Remove X Add	PT John Do V Mike Jo SY Sally Si	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
i) × Change Add	<u>T</u>	Tucker, Leonard	P.O. Box 1867 St. Augustin, FL 32085
Remove			<u></u>
2) Change Add	<u>S</u>	Ludlow, Reba	P.O. Box 1867 St. Augustine, FL 32085
x Remove 3) Change x Add Remove	<u>v</u>	Fasheh, Tariq	P.O. Box 1867 St. Augustine, FL 32085
4) Change Add	<u>S</u>	Martin, Carol Ann Sacha	P.O. Box 1867 St. Augustine, FL 32085
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
F If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
N/A			

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	The date of each amendment(s) adopt date this document was signed.	tion:			, if other	than th
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The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

15 . 1	Feb 12, 2022
Dated	
Signatur	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Jaime Topp
	(Typed or printed name of person signing)
	PRESIDENT