N2000005476

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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
'	J. H.	
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	MAY 1 1	2022
		

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SANTE-SOLEIL CORPORATION:	TION
N20000005476 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted fo	r Gling
The enclosed Affices by Ameriament and fee are submitted to	5.
Please return all correspondence concerning this matter to the	following:
SAVIO GARCON	
(Name	of Contact Person)
SANTE-SOLEIL CORPORATION	
(Fi	rm/ Company)
HOLLSW 88TH STREET APT F307	
	(Address)
MIAMI FL 33176	
(City/ S	tate and Zip Code)
GSAVIO88@GMAIL.COM	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	
SAVIO GARCON	954 6431922
(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:
(Add	SFiling Fee & S52.50 Filing Fee Field Copy Certificate of Status Certified Copy Status Certified Copy Candidational
Mailing Address	Street Address
Amendment Section	Amendment Section
	CHARACTER OF CONTRACTOR OF THE

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation of

FILED	QA
2023 FEB 28 PH 1: 10	
SECRETARY OF SIM	

SANTE-SOLEIL CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

N20000005476		TALLAHASSEE, FLOOR
(Document	Number of Corporation (if ki	
Pursuant to the provisions of section 617,1006, Florida 9 amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
N/A		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	9100 S. DADELANI	DE BLVD SUITE 1500
(Principal office address MUST BE A STREET ADDI	RESS) MIAMI FL 33156	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9100 S. DADELANI	DE BLVD SUITE 1500
	MIAMI FL 33156	
		<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	d office address in Florida ffice address:	enter the name of the
N/A		
Name of New Registered Agent:	0 S. DADELANDE BLVD	C1 1171: 1500
910 		SOT (12 1 300)
New Registered Office Address:	(r)	(отна мусет цанем)
MI	AMI	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registreby accept the appointment as registered agent. I	stered Agent: am familiar with and accept	the obligations of the position.
	Simulture of New Regist	tered soem 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jone Sally Smi	es	
Type of Action (Check One)	Title	1	<u>Name</u>	<u>Addres</u> s
1) Change Add				
Remove			-	
2) Change Add				
Remove 3) Remove Add Remove			<u>. </u>	
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or additional sheet			les, enter change(s) here: (Be specific)	
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		.==		

-		
		<u> </u>
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·		<u> </u>
	N/A	
The date of each amendment(s) adoption date this document was signed.	1:	, if other than the
Effective date if applicable: 02/22/23		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do- document's effective date on the Departm	is not meet the applicable statutory filing requirements, thent of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the am	endment(s)

	02/22/23
Dated	
a :	
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	SAVIO GARCON
	(Typed or printed name of person signing)
	PRESIDENT

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were