## N21000006581

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## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

## SATORIACADEMY INC

SALAN ASALISM CON.
NAME OF CORPORATION:
N21000006581
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:  Gian Framingheddu
(Name of Contact Person)
Octopus Rift Inc formerly Satori Academy Inc
(Firm/ Company)
13553 State Road 54 #60
(Address)
Odessa, FL 33556
(City/ State and Zip Code)
office@octopusrift.org
E-mail address: (to be used for future annual report notification)
remain description of the control of
For further information concerning this matter, please call:
Gian Frumingheddu  at 813 - 85 7 5 3 0 3 4 17 (Area Code) (Daytime Telephone Number)
(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 (Additional 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

Enclosed)

(Additional Copy is

Hello, Please see the attached amendment docs. We are changing the name and registered addresses of our nonprofit org. We also have a board member replacement along with address updates. Thank you

enclosed)

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the	Florida <u>I</u>	Dept. of State)		
SATORI ACADEMY, INC N21000006581				
(Docum	nent Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not For Profit Cor</i>	poration adopts th	e following
A. If amending name, enter the new name of the Octopus Rift Inc	e corporat	ion:		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	<u>e</u> .	ion" or "incorporated" or the abi	breviation "Corp."	or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		Odessa, FL 33556.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	13553 State Road 54 #60 Odessa, FL 33556		<u>-</u> 
D. If amending the registered agent and/or regis	stered offi	ce address in Florida, enter the n	ame of the	2023 FEB
new registered agent and/or the new register		<del>duress:</del> eddu, Gian	接第	N /1-
Name of New Registered Agent:				
-	13553 Sta	te Road 54 #60	1	
New Registered Office Address:	Odessa	(Florida street ad	dress) 77.77. 7.77. 335.56	: 32
	·		, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered nt. I am fa	Agent: miliar with and accept the obligati	ons of the position	
_	S	gnature 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 X Remove X Add	PT         John De           V         Mike Je           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change Add	BODP	Gian Framingheddu	13553 State Road 54 #60 Odessa, FL 33556
Remove  2) X Change Add	BODE	Bhumika Framingheddu	13553 State Road 54 #60 Odessa, FL 33556
Remove  3 ) X Change Add Remove	HODR	Linda Vrentas	13553 State Road 54 #60 Odessa, FL 33556
4) X Change Add	BODR	Shital Patel	13553 State Road 54 #60 Odessa, FL 33556
Remove Change Add	BODR	Pedro Hernandez Jr.	15103 Greenhorn Way Tampa, FL33625
X Remove  6) Change  X Add	BODR	Zachary Niebauer	13553 State Road 54 #60 Odessa, FL 33556
F. If amending or addir (attach additional shed		icles, enter change(s) here: (Be specific)	

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	February 20, 2023	
date this document was signed.	pption: if other	than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will not be listed a	is the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	

	Exherence 20, 2023
	February 20, 2023
Date	<u> </u>
Signa	ature
	(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)
	Gian Framingheddu
	(Typed or printed name of person signing)
	BODP
	DOMA.

(Title of person signing)

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