

7/30/2021

Division of Corporations

N21000007570
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC
Account Number : 120070000033
Phone : (305)649-7040
Fax Number : (305)643-3237

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: AraicaIsabel@gmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
SIRIUS DONATIONS INC

Certificate of Status	0
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SEP 03 2021
S. PRATHEF

RE-FAX

850-617-6381

8/2/2021 2:48:28 PM PAGE 1/001 Fax Server



August 2, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SIRIUS DONATIONS INC
11405 LAKEVIEW DR
CORAL SPRINGS, FL 33071

SUBJECT: SIRIUS DONATIONS INC
REF: N21000007570

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather
Regulatory Specialist III

FAX Aud. #: B21000290221
Letter Number: 621A00018131

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SIRIUS DONATIONS INC

DOCUMENT NUMBER: N21000007570

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

Please return all correspondence concerning this matter to the following:

Ana Isabel Araica

(Name of Contact Person)

Perez Arche An Accounting & Tax Services Inc

(Firm/ Company)

4011 West Flagler Street Suite 501

(Address)

Coral Gables, FL 33134

(City/ State and Zip Code)

araicaisabel@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA ISABEL ARAICA

(Name of Contact Person)

305

649 7040

at

(Area Code)

(Daytime Telephone Number)

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

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|---|---|--|

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

SIRIUS DONATIONS INC

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

N21000007570

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name

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)

4011 WEST FLAGLER STREET STE 501
CORAL GABLES, FL 33134

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:

(City) Florida (Zip Code)

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

Please add FEIN: 87-1494773.

The date of each amendment(s) adoption: Sep 15th, 2021, if other than the 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 not be listed as the 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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 9/1/2021

Signature Oriana Patria
(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)

ORIANA A- PATRIA MONASTERIO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

2021-09-02 11:36:26
Isabel Araica