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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Dendi	ito Sato Inc
DOCUMENT NUMBER: N 21000	0008196
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
, -	·
XIOMATA (	(Name of Contact Person)
,	(Name of Contact Person)
Bendito =	Sato Inc
	(Firm/ Company)
6860 NOV	A Dr. #103 (Address)
	(Address)
DAVIE F	L 33317 (City/ State and Zip Code)
	(City/ State and Zip Code)
	for future annual report notification)
For further information concerning this matter, please of	
/	
Xiomara Cado	at $(754)$ $345-7899$ (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & 3 Certificate of Status	✓S43.75 Filing Fee & ☐S52.50 Filing Fee  Certified Copy Certificate of Status
	(Additional copy is Certified Copy
	enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
r.O. DOX 0327	THE CERTIE OF FAITABLESSEE

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

## to Articles of Incorporation of

FILED

Dendito Soto	Inc	<del>- 2021 JUL 29 - PM 4: 04-</del>
Name of Corporation as currently filed with the Fl	orida Dept. of State)	- 2021 JUL 23 111 4. U4
N71000008	196	SECRETALL OF STATE
	Number of Corporation (if known)	SECRETAL OF STATE TAULAHASSEEFFL
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit	t Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name.	orporation" or "incorporated" or th	The new e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable		
Principal office address <u>MUST BE A STREET ADD</u>	RESS )	
		***************************************
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
	<del></del>	
If amending the registered agent and/or register new registered agent and/or the new registered of the ne		the name of the
Name of New Registered Agent:	·	
	(Florada stre	vet address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi- hereby accept the appointment as registered agent.		igations of the position.
	6	
	Signature of New Registered Ag	ent, 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 A Add	PT         John L           V         Mike           SV         Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	MGR	<u> Xiomara Cado</u>	6800 MOUA Dr. #103 DAVIE, FL 33317
Remove  2) Add		Kyanna Mitir	1201 SE Pinewood Trial Port Saint Lucie, FL 3495
Remove Change dd Remove	VP	Liomara Cado	6860 ABUA Dr #103 DAVIZ FL 38317
4) hange Add	<u>T</u>	Jessica Tomes	2049 SW Scorpio LA Fort Saint Lucie, FL
Remove			34 <b>9</b> 84
51 Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addi</u> (attach additional she		ticles, enter change(s) here: (Be specific)	
1 would	e like	to remak my non	LO KURL MGR +
UP., and	1 1 wa	uld like to hald	Jessica +
Lyanna	as to	uld like to hadd earwer + vice f	resident.
<u> </u>		Thank yo	ou!

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The date of each amendment(s) adoption	: 7/23/21 if other t	han the
date this document was signed.		
date this document was signed.	110	
med at a size of the	Λ/ / Δ)	
Effective date if applicable:	<u></u>	
$\theta$	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 Departmen	nt of State's records.	
· · · · · · · · · · · · · · · · · · ·		
Adoption of Amendment(s)	(CHECK ONE)	
· · · · · · · · · · · · · · · · · · ·	( <u> 811 (</u>	
70h	and a manifest and the manifest of the second secon	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

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
Signature XUMAIAL AUO
(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)
Xiomara Cado
(Typed or printed name of person signing)
President
(Title of person signing)