POI 0000 22540

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	ON:SO	ROA BUILDING INC	
DOCUMENT NUMBER:		P01000022540	
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.	
Please return all correspond	ence concerning this ma	tter to the following:	
		ERASMO BARRIOS	
		Name of Contact Person	1
		SOROA BUILDING INC	
		Firm/ Company	_
		5970 NW 110 TERR	
		Address	
		HIALEAH, FL 33012	
		City/ State and Zip Cod	e
For further information con ERASMO BA	cerning this matter, pleas	706	412 5141
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division	ent Section of Corporations	Ameno Divisio	Address dment Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Cliston Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

SOROA BUILDIN	G INC	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P010000225	540	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	11040 NW 59 CT	
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33012	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11040 NW 59 CT	
	HIALEAH, FL 33012	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida :	street address)	
New Registered Office Address:	Florida, Florida	
	(City) (Zip Code)	
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia	(City) (Zip Code)	
1 негеву ассері іне арроттені аз гезімегей адет. Тат jamma	wan and accept the obligations of the position.	
Signature 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: XChange	<u>PT</u>	John Do	<u>c</u>	
X Remove	<u>Y</u>	Mike Joi	nes	
_X Add	<u>sv</u>	Sally Sm	<u>nith</u>	•
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>v</u>	_	SILVIA BARRIOS	5970 NW 110 TERR
Add				HIALEAH,FL 33012
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
t) Classes				
4) Change		.		
Add				
Remove				-
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
<u>. </u>		
		
<u> </u>		
		<u> </u>
If an amendment provides for an ex-	change, reclassification, or cancellation of issued share	<u>'S,</u>
provisions for implementing the arr	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		

The date of each amendment(s) add date this document was signed.	ption:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will not be listed as artiment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder
Dotad	10/29/2020
Dated	
Signature	Bauce
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	ERASMO BARRIOS
-	(Typed or printed name of person signing)
	President
-	(Title of person signing)