Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003855573)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 : (305)371-5758

Fax Number : (305)371-3178

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

Email Address: atejidor@therrelbaisden.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN SWEET ACRES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

NOV 7 2 TOZO

Electronic Filing Menu

Corporate Filing Menu

Help

From: 3053589656

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: SWEET ACRES, I	NC.		
DOCUMENT NUMBER: P02000132874			
The enclosed Articles of Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this mat	·		
Andres E. Tejidor, Esq			
	Name of Contact Person		
therrel baisden, LLP			
·	Firm/ Company		
1 SE 3RD AVENUE, SUITE	2950		
	Address		
MIAMI, FLORIDA 33131			
	City/ State and Zip Code		
ATEJIDOR@THERRELBAI	ISDEN.COM		
E-mail address: (to be us	ed for future annual report notification)		
For further information concerning this matter, pleas	e call:		
ANDRES E. TEJIDOR, ESQ.	at (305 371-5758		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Department of State:		
■ \$35 Filing Fee	Certified Copy (Additional copy is enclosed) \$\int \frac{1}{3}\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Malling 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		

From: 3053589656

Articles of Amendment to Articles of Incorporation of

(Name	of Corporation as currently filed with the Fl	oride Dent. of State)
2000132874	YA VALDALIGH AS COLLETTY THES WHAT LOCAL	Origin Dept. of State
	(Document Number of Corporation (if ki	nown)
rsuant to the provisions of section 607 Articles of Incorporation:	7.1006, Florida Statutes, this Florida Profit Cor	puration adopts the following amendment(s
If amending name, enter the new r	name of the corporation:	
ne must be distinguishable and contai ic.," or Co.," or the designation " nartered," "professional association,	n the word "corporation," "company," or "inco Corp," "Inc," or "Co". A professional cor " or the abbreviation "P.A."	The new prporated" or the abbreviation "Corp.," poration name must contain the word
Enter new principal office address Incipal office address <u>MUST BE A</u> S	if applicable: STREET ADDRESS)	· .
	-	
Enter new mailing address, if app	licable:	
(Mailing address MAY BE A POST	OFFICE BOX	2020 7.2.1
		7.77 8 0
If amending the registered agent a new registered agent and/or the ne	nd/or registered office address in Florida, en w registered office address:	ter the name of the
Name of New Registered Agent	ANDRES IS TRUDOR ESO	
	1 SE 3RD AVENUE, SUITE 2950	
	(l'Iorida street address)	
	MIAMI	22131
New Registered Office Address:	MIAMI	, Florida 33131

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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.

X.Change	PT Jo	hn Doe	
X Remove	. <u>V</u> <u>M</u>	ike Jones	
X Add	<u> SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	DP	REMBERTO BASTANZURI	14950 SW 179 AVE
Add	•		MIAMI, Fl. 33196
X Remove			·
2) Change	DST	ROSA BASTANZURI	14950 SW 179 AVE
Add			MIAMI, FL 33196
X Remove	90	MARGARITA BASTANZURI	14950 SW 179 AVE
X Add			MIAMI, FL 33196
Remove			MIAMI, FL 33196
4) Change	DST	ROSA THUEMLER	15050 SW 179 AVENUE
X Add			MIAMI, FL 33196
Remove			
5) Change			<u></u>
Add			·
Remove			
6) Change		· 	
Add			
Remove			

11-10-20 11:37am p. 6 of 7

From: 3053589656

	ts, if necessary).	(Be specific)				
<u>~</u>						
	<u> </u>		<u> </u>		•	
-						
				·		
			····	··		
			<u></u>	~-		-
						
				<u> </u>		
			<u>-</u>			
		 		_		
f an amendment proy provisions for implen (If not applicable,	rides for an excha	inge, reclassifica dment if not cor	tion, or cancella tained in the an	lion of issued sh endment itself;	I <mark>afes.</mark>	
<u>provisions for implen</u>	rides for an excha	inge, reclassifica dment if not cor	tion, or cancella tained in the an	tion of issued she endment itself;	Ares.	
<u>provisions for implen</u>	rides for an excha	inge, reclassifica dment if not cor	tion, or cancella tained in the an	tion of issued shendment itself;	IRFES.	
<u>provisions for implen</u>	rides for an excha	inge, reclassifica dment if not cor	tion, or cancella tained in the an	tion of issued shendment itself;	IRFES.	
f an amendment proy provisions for implen (If not applicable,	rides for an excha	inge, reclassifica dment if not cor	tion, or cancella	tion of issued shendment itself;	IAFES.	
provisions for implen	rides for an excha	inge, reclassifica	tion, or cancella	tion of issued shendment itself;	IRFES.	

To: FAX SERVICE From: 3053589656

The date of each amendment(s) adoption:	, 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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	l shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	•
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by" (voting group)	
Dated 0040602 30, 2020	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustco, or other court appointed fiduciary by that fiduciary)	
MARGARITA BASTANZURI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	



November 9, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SWEET ACRES, INC. C/O IVAN A. GOMEZ, ESQ. 601 BRICKELL KEY DR STE 507 MIAMI, FL 33131

SUBJECT: SWEET ACRES, INC.

REF: P02000132874

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

The registered agent must sign accepting the designation.

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) 245-6050.

Yesemin Y Sulker Regulatory Specialist III FAX Aud. #: H20000385557 Letter Number: 720A00022420