P03000091178

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SOUTH FLORIDA	A HOSPITALITY GROUP	, INC.	
DOCUMENT NUN	P03000093178			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	John P. Maas, Esq.			
		Name of Contact Person	1	
	John P. Maas, P.A.			
	•	Firm/ Company		
	44 NE 16th Street			
		Address		
	Homestead, Florida 33033			
	City/ State and Zip Code			
	ANNAPONARSKI@GMAI	L.COM		
	-	sed for future annual report	notification)	
For further informati	on concerning this matter, plea		247-7132	
Name of Contact Person		at (305) 247-7132 Area Code & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depo	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend	Address Iment Section	
		Division of Corporations The Centre of Tallahassee		
	Hahassee, F1, 32314		N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2020 OCT -5 PM 4: 48

SOUTH FLORIDA HOSPITALITY GROUP, INC.

(<u>Name c</u>	of Corporation as currently	filed with the Florida Dept. of State YOL TART HE STATE
	P0300009	
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co". A	The new ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		30240 SW 197 Avenue
		Homestead, Florida 33030
If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of the
Name of New Registered Agent	Anna Ponarski	
the of the same of	30240 SW 197 Avenue	
	(Florida stre	et address)
New Registered Office Address:	Homestead	, Florida 33030
		City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent: ered agent - Lam familiar w	ith and accept the obligations of the position.
The copy and	Vannab-	
	Signature of New Re	gistered Agent, if changing

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; \ F = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Mark A. Rogers	19655 SW 304 Street
Add			Homestead, Florida 33030
Remove 2) Change	PSD	Anna Ponarski	30240 SW 197 Avenue
X Add			Homestead, Florida 33030
Remove 3) Change	VD	Leonid Ponarski	30240 SW 197 Avenue
X Add			Homestead, Florida 33030
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dding additional Article l sheets, if necessary). (Be specific)			
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an amendmer	t provides for an exchan mplementing the amend	ge, reclassification	n, or cancellation o	of issued shares,	
CiUnot annl	mpiementing the amend cable, indicate N/A)	ment ii not comai	nea in the amenai	nem usen:	
(it more equipment					
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The date of each amendment(s) adoption:	if other than the
·	
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 document's effective date on the Department of State's records.	date will 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 was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	at(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 9 29 202()	
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, trustee, or other co appointed fiduciary by that fiduciary)	
Mark A. Rogers	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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