P05000100931

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COVER LETTER

TO: Amendment Section Division of Corporations SUNFLOWERS VILLAGE ALF. INC NAME OF CORPORATION: P05000100931 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LIBIA OSPINA Name of Contact Person SUNFLOWERS VILLAGE ALF, INC Firm/ Company 8035 SW 13th ST Address MIAMI, FL 33144 City/ State and Zip Code gladiatorcoach.mm@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 492 - 9250 Area Code & Daytime Telephone Number LIBIA OSPINA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **S**35 Fiting Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy 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

is enclosed)

Articles of Amendment to Articles of Incorporation of

SUNFLOWERS VILLAGE, INC

· · · · · · · · · · · · · · · · · · ·	filed with the Florida Dept. of State)
P05000100931	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	<u></u> ਹ
	(2)
(Florida str	ret address)
New Registered Office Address:	, Florida (City) (Zip Code)
	· ·
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent.—I am familiar w	vith and accept the obligations of the position.
Stanting A Mark	gistered Agent, if changing
Check if applicable	gans van rigering if enimening

☐ 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)

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doe	
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>	Address
1) X Change	P	LIBIA OSPINA	8035 SW 13th ST
Add			Miami, Fl 33144
Remove			
2) Change	þ	MARISELA VEGA PUPO	8035 SW 13th ST
Add			Miami, Fl 33144
X Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
n/a			
			
	··· 		
		 	
			· · · · · · · · · · · · · · · · · · ·
			
	·		
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification, or can endment if not contained in th	cellation of issued shar e amendment itself:	<u>es,</u>
LIBIA OSPINA 100% SHARES			
			
		_ 	
			· -

The date of each amendm date this document was sign	
	10/01/2020
Effective date <u>if applicabl</u>	<u>e</u> :
	(no more than 90 days after amendment file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as then the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without shareholder action and shareholder
	were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of ve	otes cast for the amendment(s) was/were sufficient for approval
by	···
<u> </u>	(voting group)
	September 20, 2020
Dated	
Signatur	
Signature	(By a director, president on other afficer – if directors or officers have not been
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	Libia Ospina
	(Typed or printed name of person signing)
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