## P05000128313

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DATE:

08/27/2024

NAME:

HOLLYWOOD SARAS, INC.

TYPE OF FILING: AMENDMENT

COST:

35.00

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hollywood Socos, Inc.					
DOCUMENT NUMBER: P05000128313					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Richard Ruffa Name of Contact Person					
Hollywood Soras, Inc.					
Firm/ Company  18911 Collins Ace Unit 801  Address					
Suncy Isles FL 33160 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:    Richard Roth   at (610) 5/7 8715     Name of Contact Person   Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					

## Articles of Amendment

Articles of Incorporation

FILED

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170114	wood Soras. Inc.	
(Name of	Corporation as currently filed with the	Florida Hest AWS: 27 AM 9: 52
	P05000128313	SEURETARY OF STATE
	(Document Number of Corporation (if	known) ALLAHASSEE. FLORIDA
ursuant to the provisions of section 607.10 s Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit C</i>	orporation adopts the following amendmen
. If amending name, enter the new nam	ne of the corporation:	
		The new
ame must be distinguishable and contain th Inc.," or Co.," or the designation "Cor chartered," "professional association," or	rp." "Inc," or "Co". A professional c	ncorporated" or the abbreviation "Corp.," orporation name must contain the word
Enter new principal office address, if Principal office address MUST BE A STR		
	<del></del> -	
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. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	ible: FFICE BOX)	
If amending the registered agent and/onew registered agent and/or the new r	or registered office address in Florida, e	enter the name of the
If amending the registered agent and/onew registered agent and/or the new r	or registered office address in Florida, e egistered office address:	enter the name of the
new registered agent and/or the new r	or registered office address in Florida, e	enter the name of the
new registered agent and/or the new r	or registered office address in Florida, or registered office address:  (Florida street address)	enter the name of the
	egistered office address:	enter the name of the

Check if applicable

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

Example:

X_Change	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Αὐάτοςς
1) Change	_S	Allan Pisarz	23: 174th St
X_ Add			Unit 1015
Remove			Sunny Isles FL 33/60
2) Change			
Add			
Remove Change		<u> </u>	
Add			
Remove			
4) Change		<del>-</del>	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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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 amendn	ent file date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing f State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors w	thout shareholder action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes ca approval.	st for the amendment(s)
by the shareholders was/were sufficient fo  The amendment(s) was/were approved by  must be separately provided for each votin	ne shareholders through voting groups. g group entitled to vote separately on th	The following statements: The amendment(s):  Toval  Toval
	endment(s) was/were sufficient for appr	roval
by <u>Richard Ro</u>	ta	
(v	ting group)	ORE ST
Dated 8/22/2	<u>y</u>	
Signature		
selected, by an in	sident or other officer – if directors or o orporator – if in the hands of a receiver y by that fiduciary)	
	Cichard Ruffa (Typed or printed name of person sign	
	(Typed or printed name of person sign	ng)
	President	
	(Title of person signing)	