# PO5 000134480

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
<b>V</b>	,	
(Cit	y/State/Zip/Phone #	9)
	□ 14/AFT	
L PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(Do	curnent Number)	<del></del>
·		
Cartified Coning	Cortificates	f Ctatura
Certified Copies	_ Certificates 6	Status
Special Instructions to I	Filing Officer:	
	Q. SILAS	
	FEB 18 2022	
	1 LD 10 2022	
	_	
	21	15/22
	(	+ +
	Office Use Only	



900379603429

T., 18722--0.-15--0.27 \*\*12,75



RECEIVED

2022 FEB 15 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE. FL

February 3, 2022

JEFFREY THOMAS 225 SE 15TH TERR DEERFIELD BEACH, FL 33441

SUBJECT: SUIT ALTERNATIVE INTERNATIONAL, INC.

Ref. Number: P05000134480

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

Letter Number: 822A00002766

Querida R Silas Regulatory Specialist II

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SUIT ALTERNAT	IVE INTERNATIONAL II	NC		
DOCUMENT NUM	DOSOOO134490				
The enclosed Article.	s of Amendment and fee are sul	bmitted for filing.			
Please return all corr	espondence concerning this mat	tter to the following:			
	JEFFREY THOMAS				
	Name of Contact Person				
	J T BUSINESS SOLUTIONS	SINC			
		Firm/ Company			
	225 SE 15TH TERR				
	Address				
	DEERFIELD BEACH, FL 33	3441			
		City/ State and Zip Code	2		
	jefflax@bellsouth.net				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
JEFFREY THOMAS	3	at ( <sup>954</sup>	648-3840		
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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

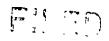
Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

#### Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  6615 W.BOYNTON BEACH BLVD  SUITE # 464  BOYNTON BEACH, FL 33437	ew ''	
(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  SUITE # 464  BOYNTON BEACH BLVD  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  SUITE # 464  SUITE # 464	ew ''	
(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp," Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  SUITE # 464  BOYNTON BEACH BLVD  SUITE # 464  BOYNTON BEACH BLVD  SUITE # 464  SUITE # 464	ew ''	
A. If amending name, enter the new name of the corporation:  The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  SUITE # 464  BOYNTON BEACH BLVD  SUITE # 464  BOYNTON BEACH BLVD  SUITE # 464  SUITE # 464	ew ''	
The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  SUITE # 464  BOYNTON BEACH, FL 33437  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  SUITE # 464	••	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  SUITE # 464  BOYNTON BEACH, FL 33437  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  SUITE # 464  SUITE # 464	••	
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the we "chartered," "professional association." or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  SUITE # 464  BOYNTON BEACH BLVD  SUITE # 464  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  SUITE # 464		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  SUITE # 464  BOYNTON BEACH, FL 33437  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  SUITE # 464	-	
(Principal office address MUST BE A STREET ADDRESS)  SUITE # 464  BOYNTON BEACH, FL 33437  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  SUITE # 464  SUITE # 464	- -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  6615 W.BOYNTON BEACH BLVD  SUITE # 464	-	
(Mailing address MAY BE A POST OFFICE BOX)  SUITE # 464	_	
	6615 W.BOYNTON BEACH BLVD	
BOYNTON BEACH, FL 33437	-	
	-	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		
Name of New Registered Agent  J T BUSINESS SOLUTIONS INC		
225 SE 15TH TERR		
(Florida street address)		
New Registered Office Address: DEERFIELD BEACH . Florida 33441		
(City) (Zip Code)	_	

#### 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)

Add

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 <u>PT</u> John Doe X Remove V Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) TERRY CHIAPPELLI P O BOX 550964 1) \_\_\_\_ Change FT.LAUDERDALE \_\_ Add FL, 33355 Remove JOHN SPILOTRAS 9807 GOLDENROD DRIVE 2) \_\_\_\_ Change **BOYNTON BEACH** $_{\perp}$ Add FL, 33437 \_ Remove 3) \_\_\_\_ Change \_\_ Add \_\_ Remove 4) \_\_\_\_ Change Add \_\_ Remove 5) \_\_\_\_\_ Change \_\_ Add Remove 6) \_\_\_\_ Change

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
BUSINESS WAS SOLD TO JOHN SPILOTRAS ON 12/31/2021
TERRY CHIAPPELLI RESIGNED AS PRESIDENT
<del>.</del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
1500 SHARES OF COMMON STOCK WILL BE TRANSFERED TO JOHN SPILOTRAS

•

	12-31-2021	
The date of each amendment(s) ad late this document was signed.	option:	, if other than the
ate this document was signed.		
Effective date <u>if applicable</u> :	··-	
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without sha	areholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the ficient for approval.	: amendment(s)
must be separately provided for e	oved by the shareholders through voting groups. The foll ach voting group entitled to vote separately on the amendor the amendment(s) was/were sufficient for approval	owing statement Iment(s):
	(voting group)	
Signature 2	ector, president or other officer – if directors or officers h	ave not been
selected.	by an incorporator – if in the hands of a receiver, trustee, d fiduciary by that fiduciary)	or other court
1	ERRY CHIAPPELLI	
_	(Typed or printed name of person signing)	
ī	RESIDENT	
_	(Title of person signing)	