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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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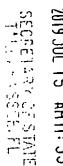




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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Samtia, Inc
DOCUMENT NUMBER: POG 0000 14 000
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Santia Inc. aba Pinett & Penny #18=  1750 Pink Guara C+
TRIVITY FL 34655  City/ State and Zip Code  Llauers Dorg Verizon, Net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Liane O. LAUERSDORF at 813, 792-1441
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)  S35 Filing Fee Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

of

<u>Jamtia</u> , Inc					
(Name of Corporation	as currently filed with the Florida Dept. o	of State)			
PU60000 14 000					
(Docume	nt Number of Corporation (if known)		·		
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> adop	pts the fol	lowing an	endme	ent(s) to
A. If amending name, enter the new name of the corp	poration:				
			$T_{i}$ .	, new	.,
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp."	"Inc," or "Co". A professional corporati		the abbre	viation	1
word "chartered," "professional association," or the ai	poreviation P.A.		S	20	
B. Enter new principal office address, if applicable:			<u>-6</u>	<u>19</u>	
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS )				
				<u></u>	Carre
					ह जुल्लामध्या नेत्री
C. Enter new mailing address, if applicable:			12.0	3	9
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		أستريب		V.
			一点	25	
D. If amending the registered agent and/or registere	d office address in Florida, enter the name	of the			
new registered agent and/or the new registered of		or the			
Norman CN man Domination of Assert					
Name of New Registered Agent		<u></u>			
	(Florida street address)				
New Registered Office Address:		·lorida			
	(City)		(Zip Code	,	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		of the posi	tion.		
The state of the s	guilling	y na pran			
Signat	ure of New Registered Agent, if changing				

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	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	$\square$	DAVID S. LAUERSDORF	1822 Sumacct
Add			TRINITY FE 34655
Remove			
2) Change Add	TR	Jennifer E. KASELAK	1552 Sweetspre C TRANITY TK 34655
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding add				
Attach additional sheets, if r	iecessary). (Be spec	чис)		
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f an amendment provides				
provisions for implementi		not contained in th	<u>ie amendment itsel</u>	<u>f:</u>
(if not applicable, indic	cate N/A)			
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The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable: MARCH 1, 2019  (no more than 90 days after amendment file date)
(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 not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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"
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
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 court appointed fiduciary by that fiduciary)  Liane  O, LAUERSDORF
(Typed or printed name of person signing)
VPTD
(Title of person signing)