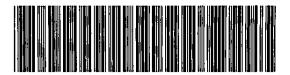
## P0700025072

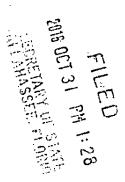
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: SNF GROUP COF	RP.				
DOCUMENT NUMBER	R: P07000025072	···				
	Amendment and fee are su	bmitted for filing.				
Please return all correspo	ndence concerning this ma	tter to the following:				
G	ABRIEL BALDASSINI					
	Name of Contact Person					
SN	SNF GROUP CORP					
	Firm/ Company					
77	7 NW 72ND AVE SUITE	1090				
<del></del>	Address					
M	AMI, FL 33126					
		City/ State and Zip Cod	e			
INFO@I	BANDCBAGS.COM					
		sed for future annual report	notification)			
		,	,			
For further information co	oncerning this matter, pleas	se call:				
GABRIEL BALDASSINI		at ( <u>305</u>	263-8844			
Name of Contact Person		at ( Area Co	de & Daytime Telephone Number			
Enclosed is a check for th	e following amount made	payable to the Florida Depa	-			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301			

## Articles of Amendment to Articles of Incorporation of

	ntly filed with the Florida Dept. of State)
07000025072	
(Document Number	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	
ame must be distinguishable and contain the word "corporat Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	
,	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	28
If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>ess:</u>
The state of the s	
Name of New Registered Agent	
Name of New Registered Agent	street address)
Name of New Registered Agent	speci address)

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	Y	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	D	_	VERONICA BALDASSINI	777 NW 72ND AVE SUITE 1090		
Add				MIAMI, FL 33126		
X Remove						
2) Change	v	_	MARIA CAROLINA ARRIGONE	777 NW 72ND AVE SUITE 1090		
X Add		-		MIAMI, FL 33126		
Remove						
3 ) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add						
Remove						

Attach additional sheets, if necessary).	cles, enter change(s) here:  (Be specific)
/	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	10/18/2016	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.	0/10/2017	
Effective date if applicable:	0/18/2016	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	r
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
• =	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/27/20 Dated	016	
Signature		<del></del>
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ointed fiduciary by that fiduciary)	
	GABRIER BALDASSINI	
	GABRIEL BALLASSITY	
	(Typed or printed name of person signing)	
	DIRECTOR PRESIDENT	
	(Title of person signing)	