## P07600038192

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SUTO'S INTERN	IATIONAL FINANCIAL C	ORP
DOCUMENT NUMI	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	AGUSTIN R SALAZAR		
		Name of Contact Person	<u> </u>
	SUTO'S INTERNATIONAL	L FINANCIAL CORP	
		Firm/ Company	
	2608 SW 177 AVE		
		Address	
	MIRAMAR , FLORIDA 330	029	
		City/ State and Zip Code	3
МС	DLDESJ@GMAIL.COM		
	E-mail address: (	to be used for future annua	l report notification)
For further information	n concerning this matter, pleas	se call:	
AGUSTIN R SALAZ	'AR	305	456-6191
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r 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)	☐\$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	Address Iment Section on of Corporations Building

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## SUTO'S INTERNATIONAL FINANCIAL CORP

<del></del>	currently filed with the Flo	orida Dept. of State)		
P07000038192				
(Documer	nt Number of Corporation (if	known)		
Pursuant to the provisions of section 607 Incorporation:	.1006, Florida Statutes, this o	corporation adopts the followin	g amendment(s) to	o its Articles of
A. If amending name, enter the new na	ame of the corporation:			
N/A			Th	ne new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corporation	ted" or the abba	viation
B. Enter new principal office address,	if applicable:	N/A		12 8 K
(Principal office address MUST BE A S			3,5,6	25
				200
C. Enter new mailing address, if applicable:		N/A		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
D. If amending the registered agent an	d/or registered office addre	ess in Florida, enter the name	of the	
new registered agent and/or the nev			<u> </u>	
Name of New Registered Agent	N/A			
	(Florida str	eet address)		
New Registered Office Address:	N/A			
New Registerea Office Address:	(City)	, Florida	(Zip Code)	
	•		•	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and assant the obligations o	fthe position	
t nevery accept the appointment as regist	егеи адели 1 ат јатина <b>г</b> w	ин ана ассері іне обнуанонѕ о	j ine position.	
	gnature of New Registered A	aget if changing		
SI;	griature oj New Negistered A	geru, y crianging		

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)

Example:

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 <math>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.

X Change	<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>	<u>Addres</u> s		
1) Change	MAG	ALEJANDRO SALAZAR	2608 SW 177 AVE		
Add			MIAMI, FLORIDA 33029		
X Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6 Changa					
6) Change	<del></del>				
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Remove					

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f an amendmen	t provides for an e	xchange, reclassi	fication, or cance	llation of issued sl	iares,	
provisions for in (if not appli	mplementing the a cable, indicate N/A	mendment if not	contained in the	amendment itself:		
(9 1101 417)		,				
. <u> </u>					·	
		•				

- · ·	10/19/2016	
The date of each amendment(s	adoption:	, if other than the
I he date of each amendment(s date this document was signed.	10/19/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
	(no more than 90 days after amenament file date)	
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) e 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):	
"The number of votes of	east 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	
10/19/2	2016	
Dated	-	
Signature	a director, president or other officer – if directors or officers have not been	
sele	ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
арр	ointed fiduciary by that fiduciary)	
	AGUSTIN R SALAZAR	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	