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TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: Sam & Deanna Inc.
DOCUMENT NUMBER: 40800016738
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Deanna Porte 10 Name of Contact Person DBA Sam Deanna Inc Designer Carpet Firm/Company 5900 15th Way (1) Address Sl. Peters burg Fl. 33703 City/ State and Zip Code Designer Carpet Cleaning A gmail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deanna Dwyle 110 at () 393-8778 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
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to
Articles of Incorporation

5	of FILED
Samt	Deanon Toch
(Name of Corporat	tion as currently filed with the Florida Dent. of State)
0080	1 38 - 541 MAY 15 15 18 38
(Docu	ument Number of Corporation (if known) SECRETARY UF STATE
	··
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
n IA	The new
name must be distinguishable and contain the wo	ord "corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp.	p," "Inc," or "Co". A professional corporation name must contain the
word "chartered," "professional association," or the	e abbreviation "P.A."
B. Enter new principal office address, if applicable	le:
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)
nlA	
YLIFT	
C. Enter new mailing address if applicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)
nlA	310000000000000000000000000000000000000
1/17	
D. If and discount and a second as a standard as	and off and describe Chairles are also as a fall of
new registered agent and/or the new registered	ered office address in Florida, enter the name of the
	Y \ 1 / 1
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sin	nature of New Registered Agent, if changing
Sign	manic of the acquired 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.

L

Example: 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	$\frac{1}{\sqrt{h}}$	Samuel	Hondello J	1. 5900 15th hay
Add Remove			O V VI.	St. Pete. f1.33703
2) Change Add		Deanna	<u> Yontello</u>	5900 15th Way L1. St. Pete. Fl.B3703
Remove				
3) Change				
Remove				
4) Change Add				
Remove				
5) Change		_		
Add Remove				
6) Change		_		
Add				

amending or adding ttach additional sheets	, if necessary).	(Be specific)				
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an amendment provi	ides for an excl	hange, reclassific	ation, or cancell	ation of issued s	hares,	
rovisions for implem (if not applicable,	enting the ame	endment if not co	ntained in the ar	nendment itself:		
		nlA				
				-		
			<u> </u>			

date this document was signed.	
Effective date if applicable:	
(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 list locument's effective date on the Department of State's records.	ted as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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)	
(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.	
action was not required.	
Dated	
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)	
Deanna Pontello	_
(Typed or printed name of person signing)	
Vice President (Title of person signing)	_