

P080000032/36

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

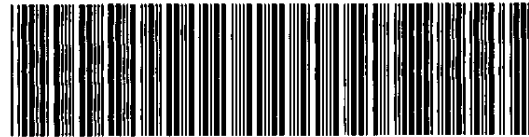
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

06/29/11--01008--018 **35.00

FILED
2011 JUL 13 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AR
7/13/11

*00789, 00624, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2011

John Antonaras CPA
410 N. Federal Hwy
Ste E
Hallandale, FL 33009

SUBJECT: SAUER INVSTMNT, INC
Ref. Number: P08000032136

We have received your document for SAUER INVSTMNT, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 911A00016034

John Antonaras, C.P.A., P.A.
Certified Public Accountant
410 N Federal Hwy Ste E
Hallandale, FL 33009
Tel (954) 454-6966 Cel (954) 773-1957
Fax (954) 416-6116

July 6, 2011

Annette Ramsey
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
RE: Sauer Invstmnt, Inc
Doc#P08000032136

Annette,

Our original amendment filing was rejected due to an original signature request. We are refilling the amendment our document number is P08000032136.

Please expedite this amendment filing.

Thank you for all your efforts and considerations.

Very truly yours,


John Antonaras CPA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SAUER INVSTMNT, INC.

DOCUMENT NUMBER: P08000032136

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN ANTONARAS CPA

Name of Contact Person

JOHN ANTONARAS CPA PA

Firm/ Company

410 N FEDERAL HWY STE E

Address

HALLANDALE, FL 33009

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN ANTONARAS CPA

Name of Contact Person

at (954) 773-1957

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

SAUER INVSTMNT INC.

2011 JUL 13 AM 11:47

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000032136

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new 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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

NABER, CONNIE

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P, S</u>	<u>NABER, CONNIE</u>	<u>1814 HARRISON ST</u> <u>HOLLYWOOD, FL 33020</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>P,S</u>	<u>SKLAVENITIS, DIMITRIOS</u>	<u>1814 HARRISON ST</u> <u>HOLLYWOOD, FL 33020</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>SKLAVENITIS, CHRISTOS</u>	<u>1814 HARRISON ST</u> <u>HOLLYWOOD, FL 33020</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

The date of each amendment(s) adoption: 07/06/2011

(date of adoption is required)

Effective date if applicable: 07/06/2011

(no more than 90 days after amendment file date)

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.

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)

DIMITRIOS SKLAVENITIS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)