# P09000081561

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PICK-UP WAIT MAIL
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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

P09000081561
and fee are submitted for filing.
cerning this matter to the following:
ATEF AOUADI
Name of Contact Person
SANDLE PLUS, INC.
Firm/ Company
2223 UNIVERSITY SQ. MALL
Address
TAMPA, FLORIDA 33612
City/ State and Zip Code
ASSAMJ2007@YAHOO.COM s: (to be used for future annual report notification)
is matter, please call:
at (813) 979-0489  Area Code & Daytime Telephone Number
amount made payable to the Florida Department of State:
Fee & Status   \$43.75 Filing Fee & Status   \$52.50 Filing Fee Certificate of Status   Certified Copy   Certified Copy   Certified Copy   (Additional Copy is enclosed)
Street Address  Amendment Section  Division of Corporations  Clifton Building

### **Articles of Amendment** Articles of Incorporation of

## SANDLE PLUS, INC.

(Name of Corporation as curre	intry lifed with the Fibrids	a Dept. of State)			
P090	000081561				
(Document Num	ber of Corporation (if kno	wn)			
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this Fl	lorida Profit Corporatio	n adopts	the f	ollo
A. If amending name, enter the new name of	the corporation:				
SANDA	ALS PLUS, INC.		5	The n	ew
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc	," or "Co". A professi			
B. Enter new principal office address, if apple (Principal office address MUST BE A STREE)		,			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered	<u></u>	n Florida, enter the nam	ENTERINATION OF STATE	09 NOV 12 PM 4: 2:	
new registered agent and/or the new regis			7. Th	N	
Name of New Registered Agent:	<del></del>				
New Registered Office Address:	(Florida street a	address)			
_		, Florida_			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as	g Registered Agent: gent. I am familiar with a	nd accept the obligations	of the p	ositio	n.
	ignature of New Registered	l 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) **Title** <u>Name</u> Address **Type of Action** ☐ Add ☐ Remove \_\_\_\_ 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 amendmen	
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemented 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_10/2	25/2009
Signature _	Ptol Dovad
(B <sub>j</sub>	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	ATEF AOUADI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)