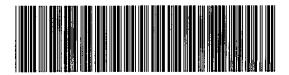
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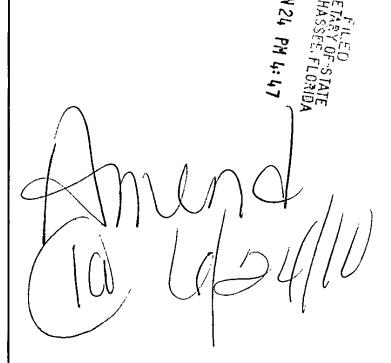
(Re	equestor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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06/10/10--01012--016 **35.00



COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SERMALI NAME OF CORPORATION: $oldsymbol{\bot}$ DOCUMENT NUMBER: ______ P 0 9 0000 90 866 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person CORAL WAY SUITE ZZI6 MIAMI - FL - 33145

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEONOR B HERNANDEE at (305) 972 1990

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: □ \$52.50 Filing Fee ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 14, 2010

LEONAR B. HERNANDEZ SERMALI GROUP INC 2520 CORAL WAY - SUITE 2216 MIAMI, FL 33145

SUBJECT: SERMALI GROUP, INC.

Ref. Number: P09000090866

We have received your document for SERMALI GROUP, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 110A00014625



Articles of Amendment to Articles of Incorporation of

		المر حرن		
(Name of Corporation as curr		·		
Pogooogo866 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the freedment(s) to its Articles of Incorporation:				
(Document Nu	mber of Corporati	on (if known)		ين
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:)6, Florida Statut	es, this <i>Florida</i>	Profit Corporation	adopts the folk
A. If amending name, enter the new name of	of the corporation	<u>n:</u>		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	e designation "Co	orp," "Inc," or "	Co". A profession	The new porated" or the ponal corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2520 50152	CORAL U	<u>'A Y</u>
C. Enter new mailing address, if applicable	e:	MIAMI	FL 33	<u>145</u>
(Mailing address MAY BE A POST OFF		2520 C	DRAL WA	<u>ly</u>
		SUITE	2216 FL 33	145
). If amending the registered agent and/or new registered agent and/or the new reg			da, enter the nam	e of the
Name of New Registered Agent:	****			
	2520	CORAL	UAY - 50	ITE 22/6
New Registered Office Address:	(Flori	da street address,	UAY - SU	- -
			. Florida	33/45
(City)			, Florida_ (Zip Code)	
lew Registered Agent's Signature, if chang hereby accept the appointment as registered			ept the obligations	of the position.
			. 0	•
 -	Signature of New	Registered Agent	, if changing	

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) <u>Title</u> Name Address Type of Action ☐ Add ☐ Remove _ 🗌 Add 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)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment	t(s) adoption: 06/04/2010
Effective date if applicable:	(date of adoption is required) 06/04/20/0 (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemened 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	Jeona B Hernandas a director, president or other officer – if directors or officers have not been
Signature	from B Hernandez
(Ву	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 ointed fiduciary by that fiduciary)
	LEONOR B. HERNANTEZ
	(Typed or printed name of person signing)
	PRESIDENT.
	(Title of person signing)