## 01000009620

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Siveral Mark	s, Corp	
DOCUMENT NUMBER: P1000009620	)	
The enclosed Articles of Amendment and fee are submit		
Please return all correspondence concerning this matter	to the following:	
Rafael Lacavaleri	9	
1	Name of Contact Person	1
Siveral Marks, Co	rp	
	Firm/ Company	
9066 SW 73 Ct, A	pt. 908	
***************************************	Address	
Miami, Florida 33 <sup>-</sup>	156	
	City/ State and Zip Code	-
rlacavalerie@gmail.c	om	
E-mail address: (to be used to		notification)
For further information concerning this matter, please ca	11:	
Rafael Lacavalerie	at (305	, 677-3448
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made paya	ble to the Florida Depa	rtment of State:
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 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Siveral Marks, Corp.	
(Name of Corporation as currently filed with the	Florida Dept. of State)
P1000009620	
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	**************************************
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	<u> </u>
C. Enter new mailing address, if applicable:	<b>C9</b>
(Mailing address MAY BE A POST OFFICE BOX)	PH D
	<u> </u>
	07
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Clasida de la Constantina del Constantina de la Constantina del Constantina de la C	reet address)
(Fioriau Sii	reet auaress)
New Registered Office Address: (City)	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
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)

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.

Example: X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	ones .	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	Р	<del></del>	Guadalupe Siverio	8440 SW 8 St Apt 501
Add				Miami, Fl 33144
X Remove				
2) X Change	Р		Rafael Lacavarie	9066 SW 73 Ct Apt 908
X Add		. <del>_</del>		Miami, FI 33156
Remove				
3) Change	<del></del>	<del></del>		
Add				
Remove				
4) Change		· 		
Add				
Remove				
5) Change		_	-	
Add				
Remove				
O Ch				
6)Change	<del></del>	<del></del>		
Add				
Remove				

amending or adding additional Article tach additional sheets, if necessary).	Be specific)	<u> </u>	
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TECHNOLOGY CO. C.	<u> </u>		
n amendment provides for an exchan	ge, reclassification.	or cancellation	of issued shares.
ovisions for implementing the amend (if not applicable, indicate N/A)	ment if not contain	ed in the amendr	nent itself:
,			
		<del> </del>	
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		·	

The date of each amendment(s) a	doption: 2/7/2013
Effective date <u>if applicable</u> : 2/	7/2013
<u>парраеные</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 2/7/20	013
Dated 2/7/20	24
(By a d selecte	lirector, president or other officer – if directors or officers have not been ad, by an incorporator first in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	Rafael Lacavalerie
	(Typed or printed name of person signing)
	President
	(Title of person signing)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ւ Guadalupe Siverio	, hereby resign as President
of Siveral Marks, Corp	(true)
(Name of Co	
P1000009620	corporation organized under the laws of the State of
(Document Number, if known) Florida	Sold of the series of the series of the series of
*	
(Signan	ire of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314