P10000054587

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: SGA Management, Inc. DOCUMENT NUMBER: P10000054587 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Seriozha Sergio Gonzalez Name of Contact Person SGA Management, Inc Firm/ Company 12973 SW 112 St # 384 Miami Fl 33186 Address Miami, Fl City/ State and Zip Code ocha1210@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 975-8694

Area Code & Daytime Telephone Number Seriozha Sergio Gonzalez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fec & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SUA Management, Inc.				
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)			
P10000054587				
(Document Number	of Corporation (if known)			_
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the follo	owing amen	dment(s	to
A. If amending name, enter the new name of the corporation:				
		TI		
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association." or the abbreviation	"Co". A professional corporation name n		ition	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			_	
			_	
C. Enter new mailing address, if applicable:			P=-2	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			die C	
		رُنَّزَ <u>مِنْ</u> مُنْظِّمِينِ	AUG	
		<u> </u>	25	į
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the	게~ MG	H.	Ŷ
new registered agent and/or the new registered office addre			;;	بن غ
Name of New Registered Agent		LTOKII.	\circ	
		234	යා	
(Florida	street address)			
New Registered Office Address:	. Florida			
New Registereu Office Address.		(Zip Code)		
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: ir with and accept the obligations of the posit	ion.		
, , .,				
Signature of Mou	v Registered Agent, if changing			
Signature of New	льдынстви пдени, у спиндинд			

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 = Trustce; 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.

X Change	<u>PT</u>	John Doc		
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	V	Leslye D Carrio	12973 SW 112 St # 384	
Add			Miami, F1 33186	
X Remove				
2) X Change	<u>v</u>	Seriozha Sergio Gonzalez	12973 SW 112 St # 384	
Add			Miami, Fl 33186	
Remove				
3) Change	PT	Elvis Sicard	13601 SW 120 St # 114 C	
X Add			Miami, Fl 33186	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
V/A	ess, ij necessaryj. (De	c specific)			
					
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F. If an amendment pr	ementing the amendm	<u>e, reclassification, of</u> tent if not contained	r cancellation of is in the amendmen	t itself:	
(if not applicable	le, indicate N/A)				
N/A					
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<u></u> .					-
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		4.5			

The date of each amendment(s) adoption:date this document was signed.	, if other than the
(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The foll must be separately provided for each voting group entitled to vote separately on the amendment.	
"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 a action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and s action was not required.	hareholder
Dated	
Signature	
(By a director, president or other officer – if directors or officers to selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	
Seriozha Sergio Gonzalez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	