P100000385697

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	÷#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Sante	Гео, Inc.
DOCUMENT NUMBER: P1000008	35697
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Maritza Rame	os .
	Name of Contact Person
Sante Teo, Ir	nc.
 	Firm/ Company
3075 NW So	uth River Drive
	Address
Miami, FL 33	3142
	City/ State and Zip Code
mr@beai.com	
E-mail address: (t	o be used for future annual report notification)
For further information concerning this matte	r, please call:
Maritza Ramos	at (305) 461-2053
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:
S35 Filing Fee S43.75 Filing F Certificate of St	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

Sante Teo, Inc.				
	currently filed with the Flo	orida Dept. of State)		
P10000085697				
(Documen	t Number of Corporation (if	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	<i>lorida Profit Corporation</i> ad	opts the following	amendment(s)
A. If amending name, enter the new na	me of the corporation:			
N/A			•	The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpora	rated" or the abl	reviation
B. Enter new principal office address,	if applicable:	N/A	Κ,,	٠,,
(Principal office address MUST BE A S.		444	4	٠ ت
			<u>.</u> .	Fi.
				77
C. Enter new mailing address, if appli		N/A	· ·	רול פר הוא פר
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		 ,	T 6
				÷:
				<.>>
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the nam	ne of the	
new registered agent and/or the nev			-	
Name of New Registered Agent	N/A			
	(Florida stre	et address)		
New Registered Office Address:	N/A	, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if c' I hereby accept the appointment as regist		ith and accept the obligation.	s of the position.	
-y	,	,		
Siz	gnature of New Registered A	gent, 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 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>P.L</u>	John D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	PRE	S	Bruno E. Ramos	200 Cape Florida Drive
Add				Key Biscayne, FL 33149
X Remove				
2)Change	P		Carlos De La Cruz Jr.	460 S Mashta Drive
X Add				Key Biscayne, FL 33149
Remove				
3) Change				
Add				
Remove				
4) Change				
Add			•	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
1//	
I/A	
	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
i / A	
/A	
/A	
I/A	
/A	
/A	
/A	
I/A	

The date of each amendment(s) adoption: $2/24/2013$
1/2/22
Effective date if applicable: (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 LaCl
(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)
Carlos De La Cruz Jr.
(Typed or printed name of person signing)
President
(Title of person signing)