P110000 37157

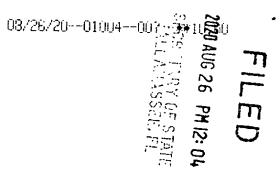
(Req	uestor's Name)		
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	SGV. CORP			
DOCUMENT NUM	P11000037157			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	SAMUEL GAINZA			
		Name of Contact Person	1	
	SGV, CORP			
		Firm/ Company		
	8934 NW 178th LANE			
		Address		
	HIALEAH, FLORIDA 33018			
	City/ State and Zip Code			
	SGVCORPINFO@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter. pleas	se call:		
SAMUEL GAINZA		305 at (_	345-4643	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address		Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SGV, CORP

(<u>Name</u> P11000037157	of Corporation as currently	v filed with the Florida Dept. of St	ate)	
	(Danner Marken a)	(6)		
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this a	Florida Profit Corporation adopts th	e following amendmen	nt(s) to
A. If amending name, enter the new n N/A	ame of the corporation:			
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp." "Inc." or "Co". A	professional corporation name m	The new abbreviation "Corp.," ust contain the word	
B. Enter new principal office address,	if annlicable:	8934 NW 178th LANE		
(Principal office address MUST BE A S		HIALEAH, FLORIDA 33018	2020 /	•
			U6 2	Π =
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 170913	6 PA	7
		MIAMI, FLORIDA 33017-0913	15.7 15.0 15.0	7
D. If amending the registered agent an new registered agent and/or the ne	<u>nd/or registered office addr</u> w registered office address: SAMUEL GAINZA	ess in Florida, enter the name of the	<u>1¢</u>	
Name of New Registered Agent	8934 NW 178th LANE			
New Registered Office Address:	(Florida stre	, Floric	33018 la	
		Cityi	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as registered.			position.	
	<u> </u>			
	Signature of New Re	gistered Agent, if changing	 	
Check if applicable ☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11) (e), F.S.		

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	PT	John Doe		20
X Remove	<u>V</u>	Mike Jones		20 AU
X Add	<u>SV</u>	Sally Smith		2020 AUG 26
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	(n ~ .
1) Change			<u> </u>	PH I2: 04
Add				
Remove				
2) Change			<u> </u>	
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				_ <u>-</u>
5) Change				
Add				
Remove				
6) Change	-			
Add				
Pamous				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
I/A		
<u> </u>		
		-
		
		2021
		26 1445
If an amendment provides for an excha	inge, reclassification, or cancellation of issued shares,	See See N
provisions for implementing the amen	dment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		PHI2: 04
A		•
		
		<u> </u>

. AUGUST 16, 2020

The date of each amendment(s) a	loption:	, if other than the
date this document was signed. Att	JUST 16, 2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	· date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requir partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	pted by the shareholders. The number of votes cast for the flicient for approval.	
must be separately provided for	roved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amer for the amendment(s) was/were sufficient for approval 	ndment(s): (2 8 7 8 6 26 7 7 8 6 26 7 7 8 7 8 7 8 7 8 7 8 8 7 8 8 8 8 8 8
AUGUST	(voting group)	ED PHI2: 04 SSEE, FI.
Dated	0, 2020	
Signature	% .	
selecte	rector, president or other officer – if directors or officers I, by an incorporator – if in the hands of a receiver, truste ed fiduciary by that fiduciary) SAMUEL GAINZA	
	(Typed or printed name of person signing) PRESIDENT/OWNER	
	(Title of person signing)	