P11000056767

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
		MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	, .
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÷ **TO:** Amendment Section **Division of Corporations** SATKE, Inc. NAME OF CORPORATION: P11000056767 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nora Merheg Name of Contact Person SATKE, Inc. Firm/ Company 14502 SW 10 St. Address Miami, FL 33184 City/ State and Zip Code noramm2128@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786) 356-1245 Area Code & Daytime Telephone Number Nora Merheg _ at (_ 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 Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address \checkmark Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

1 I			
	Articles of Amen	dment	
•	to		
2	Articles of Incorpo	oration	· • • • •
	of	1	
S	ATKE, Inc.	1	FILED
(Name of Corporation as curr		Florida Dept. of State)	-1 PM 4: 07
	1000056767	1.1.1.1	WY OF STATE
	mber of Corporation (IALLAH	SSEE, FLORIDA
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	•	`	poration adopts the following
A. If amending name, enter the new name o	of the corporation:		
5	SATKI, Inc.		The new
 name must contain the word "chartered," "problematic contain the word "chartered," "problematic contains and the second contains of the second contains of the second contains of the second contains and the second	<u>plicable:</u> <u>ET ADDRESS</u>) <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>	lress in Florida, enter	
<u>Name of New Registered Agent:</u>	·		
New Registered Office Address;	(Florida s	treet address)	Florida
	(City)	(Zip C	Florida ode)
New Registered Agent's Signature, if changi hereby accept the appointment as registered a			igations of the position.

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:

(Atyach additional sheets, if necessary)

<u>Title</u>	Name	Address	<u>Type of Action</u>
			□ Add □ Remove
			□ 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)

The date of each amendment(s) adoption: <u>06/20/2011</u>
(date of adoption is required)
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"
by"
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 06/20/2011
Signature (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)
Nora Merheg
(Typed or printed name of person signing)

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President

(Title of person signing)