# P11000084265

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· (Address)				
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(Business Entity Name)				
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2011 DEC -5 PH 12: 46

SECRETARY OF STATE
ALLAHASSEE, FLORID

12/5/11

X00789,00524,00671

### **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION:	Sarai Mae Enterpises, Inc.			
DOCUMENT NI	UMBER:	P11000084265			
The enclosed Arti	cles of Amendment and f	ee are submitted for filing.			
Please return all c	orrespondence concerning	this matter to the following:			
		Shanna Hageman			
ľ		Name of Contact Person			
Sarai Mae Enterprises, Inc.					
Firm/ Company					
	4932 West State Rd 46, Ste 1030				
		Address			
		Sanford, FL 32771			
		City/ State and Zip Code			
	E-mail address: (to be	used for future annual report notification)			
For further inform	ation concerning this mat	er, please call:			
	nanna Hageman	at ( 407 ) 416-8782			
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a chec	k for the following amou	t made payable to the Florida Department of State:			
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee &			
Mailing Address		Street Address Amendment Section			
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2011

Shanna Hageman Sarai Mae 4932 West State Rd 46, Ste 1030 Sanford, FL 32771

SUBJECT: SARAI MAE ENTERPISES, INC.

Ref. Number: P11000084265

We have received your document for SARAI MAE ENTERPISES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the amendment form as the CEO in the space provided at the bottom of page 3. Please fill in the date of each amendment's adoption at the top of page 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 711A00026459

## Articles of Amendment to Articles of Incorporation

FILED

•	Articles of Incorporation of	FILLE
Sarai Ma	e Enterpises. Inc.	7011 DEC -5 PH 12: 46
(Name of Corporation as curr	ently filed with the Florida	Dept. of State)
P11	1000084265	Dept. of State)  SECRETARY OF STATE  TALLAHASSEE, FLORID!
(Document Nu	mber of Corporation (if known	n) :
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Flor</i>	rida Profit Corporation adopts the follow
A. If amending name, enter the new name of	of the corporation:	
Sarai Ma	ae Enterprises, Inc.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc,"	or "Co". A professional corporation
B. <u>Enter new principal office address, if ap</u> (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
William & Control of the Control of	<u></u>	
	<del>_</del>	**************************************
	<del>-</del>	
). If amending the registered agent and/or		lorida, enter the name of the
new registered agent and/or the new regi	stered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street ada	dress)
		, Florida
	(City)	(Zip Code)
Now Designationed Assemble Cignothers of the second	na Domintourd Amoust.	
New Registered Agent's Signature, if changing the hereby accept the appointment as registered as		accept the obligations of the position
, ,	g	and the state of the position.
	7	
S	Signature of New Registered A	gent, if changing

# If amending the Officers and/or Directors, effect 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		**************************************	
		·	
			<del></del>
E. <u>If amen</u>	ding or adding additional Articles	<u>, enter change(s) here:</u>	
(attach a	dditional sheets, if necessary). (B	e specific)	
**************************************			the distribution of the state o
<u> </u>			
<u></u>			
		<del></del>	
·			
_			
F. <u>If an ar</u> provisi	mendment provides for an exchanging the amendmenting the	e, reclassification, or cancella ent if not contained in the am	ntion of issued shares, endment itself:
(if n	not applicable, indicate N/A)		
		_	
<del></del> ;			

The date of each amendment(s) ac	dontion:	9.26.11
	(date of adoption is re	equired)
Effective date if applicable: (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 the first special of the shareholders of the shareholders.	ber of votes cast for the amendment(s)
	proved by the shareholders through veach voting group entitled to vote se	voting groups. The following statement parately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were suffic	cient for approval
by	ng group)	_" _·
(voti)	ng group)	
The amendment(s) was/were add action was not required.	opted by the board of directors witho	ut shareholder action and shareholder
The amendment(s) was/were ado action was not required.	opted by the incorporators without sh	areholder action and shareholder
Dated 9-26-201	1	/
Signature	Maura Da	sema
(By a dire	ector, president or other officer - if d	frectors or officers have not been
	by an incorporator — if in the hands of fiduciary by that fiduciary)	of a receiver, trustee, or other count
	Shanna Hagem	an
	(Typed or printed name of po	erson signing)
	CEO	
<del></del> _	(Title of person signing)	