P120000094805

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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SANTA MARIA I	DV, INC		
DOCUMENT NUMI				
	of Amendment and fee are se	abmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	Osmania D Fuentes			
		Name of Contact Perso	n	-
		Firm/ Company		_
	5930 NW 99th Ave unit 4			
	Doral FL 33178	Address		~
		City/ State and Zip Cod	e	_
fuente	eso@campanarello.com			
	E-mail address: (to be us	sed for future annual report	notification)	1
For further information	n concerning this matter, pleas	se call:		
Osmania D Fuentes		305	299-9814	
Name (of Contact Person	Area Co) 299-9814 de & Daytime Telephone Numb	er
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	•
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle 1880c, FL 32301	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SANTA MARIA I	DV, INC	
DOCUMENT NUM		·	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Osmania D Fuentes		
		Name of Contact Perso	n
		Finn/ Company	
	5930 NW 99th Ave unit 4		
		Address	······································
	Doral FL 33178		
		City/ State and Zip Cod	r
fuer	nteso@campanarello.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Osmania D Fuentes		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check I	or the following amount made	payable to the Florida Depa	artment of State;
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
VI.	ailing Address	Crypat	Address

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

9	"	ſ
SANTA MARIA D.V. INC	1	1
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	i
P12000094805	· · · · · · · · · · · · · · · · · · ·	
(Document Number	of Corporation (if known)	j
Pursuant to the provisions of section 607,1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amending	ent(s) to
A. If amending name, enter the new name of the corporation:	·	
	The new	[.
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the) 7
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	25 S Z Z	
		71
C. Enter new mailing address, if applicable:	SS	1
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	Ш
	三	\bigcirc
		_
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent		
indirection in a second		
tFlorida s.	treet address)	
N 5 100 11		
New Registered Office Address:	City (Zip Code)	
	1	
New Registered Agent's Signature, if changing Registered Agen	it:	
I hereby accept the appointment as registered agent. I am familiar		
	; ¹	
•	· ,	
Signature of New	Registered Agent, if changing	

address of each Officer (Attach additional sheets, Please note the officer/di, P = President; V = Vice Executive Officer; CFO held, President, Treasure Changes should be noted t change, Mike Jones lea Mike Jones, V as Remove	and/or I if neces; rector tits Presiden = Chief ir, Directs tin the fo ves the c	sary) le by the first letter of the office title: it; T= Treasurer; S= Secretary; D= Director; TR= Financial Officer. If an officer/director holds more for would be PTD. ollowing manner. Currently John Doe is listed as the corporation, Sally Smith is named the V and S. The.	= Trustec; C = Chairman or Clerk re than one title, list the first letter he PST and Mike Jones is listed as	CEO = Chief of each office the V. There is
E xample: - <u>X-</u> Change	<u>PT</u>	John Doe		,
X Remove	<u>v</u>	Mike Iones		! .
X Add	\underline{SV}	Sally Smith	•	1
Type of Action Check One)	<u>Title</u>	Name	Address	
I) Change	D	CARLO CIARCIA	5930 NW 99th Ave unit 4	
X Add			Doral, FL 33178	<u> </u>
Remove				
?) Change				
Add			1	
Remove				
Change				
Add				
Remove				
H Change				
Add				
Remove				
7 Change				
Add				-
Remove				
Change				+-
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Remove				<u>'</u>

Attach additional sheets, if necessary). (Be specific)	;
	
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f 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)	;
	1
	.
	•
	1
	1

November 03, 2017	1
The date of each amendment(s) adoption:	, if other th
date this document was signed.	• 1
Effective date if applicable:	
(no more than 90 days after amendment file date)	1
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l not bệ listed
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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):	1
"The number of votes cast for the amendment(s) was/were sufficient for approval	1
by	
(voting group)	i
☐ 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.	,
November 03, 2017	,
Dated	!
Signature X Maria Luisa Ciartia	! 1
(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 tiduciary by that fiduciary)	
MARLIA LUISA CIARCIA (Typed or printed name of person signing)	
(Typed or printed name of person signing)	•
Director	
(Title of person signing)	
	· · ·

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