2015

P. 001/006

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000107450 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: PAGIO'S & ASSOCIATES, LLC

Account Number : 120100000043

Phone

: (305)397-8553

Fax Number

: (305)397-8521

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Ema	÷1	Address:
		MUUL C33.

COR AMND/RESTATE/CORRECT OR O/D RESIGN SANI PROPERTIES CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help ·

tps://efile.sunbiz.org/scripts/efilcovr.exs

1/1

H15000107450 3

COVER LETTER

	f Corporations					
NAME OF CORE	PORAȚION:	SANI PROPERTIES (CORP			
DOCUMENT NU	MBER: <u>P130</u>	00009559				·
The enclosed Ar	ticles of Ame	ndment and fee are su	bmitted for	filing.		
Please return all	correspondent	e concerning this matte	er to the fol	lowing:		
	PAOLO MAI	ETTA				<u> </u>
			Name of	Contact Person	វា	
	SANI PROP	ERTIES CORP				
			Firm	/ Company		•
	110 WASHIN	IGTON AVE, STE 1422				
			F	Address.	•	
	MIAMI BEAC	H, FL 33139				
			City/ Stat	e and Zip Code	9	•
		E-mail address: (t	o be used 1	for future annua	al report notific	eation)
For further informa	ation concernir	g this matter, please ca	e)l;		•	
PAOLO MAIETTA			et	<u>(954) 505-05</u>		
	Name of Conte	ict Person		Area	Code & Daytii	ne Telephone Number
Enclosed is a che	ck for the follow	ving amount made pay	able to the	Fiorida Departi	ment of State:	,
X \$35 Filing Fee		3.75 Filing Fee & rtificate of Status	— c	43.75 Filing Fe entified Copy Additional copy nclosed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Addr			_	Street Addres	
Amendment Section Division of Corporations P.O. Box 6327			Amendment Section			
			Division of Corporations Clifton Building			
	Tallahassee, I					Center Circle
•			Tallehassee, FL 32301			

H150001074503

ATX1

Articles of Amendment to Articles of Incorporation of

SANI PROPERTIES CORP	
(Name of Corporation as currently filed with the Florida Dept. of St.	ate)
T42000000EE0	
P13000009559 (Document Number of Corporation (if known)	20
,	E 5
Pursuant to the provisions of section 807.1006, Florida Statutes, this Florida Profit Corporation	a edopts the following
amendment(s) to its Articles of Incorporation:	a edopts the following
A. If amending name, enter the new name of the corporation:	S = -
A. If amending name, enter the new name of the corporation:	mas ••• Mas •••
	mo B
The new name must be distinguishable and contain the word "corporation," "company," or "Incorp	porated or the
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional con	porellon name must
contain the word "chartered," "professional association," or the abbreviation "P.A."	\$ 0°
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	•
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address; 	ame of the
ICAM LEGISTRIAN HANDLE BURN INTO HOW ICAMS FOR ANTICON CONTRACTOR	
Name of New Registered Agent:	
<u>-</u>	
(Florida street address)	
(Florida au ou t address)	
New Registered Office Address:	Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations	of the position.
Signature of New Registered Agent, if changing	
and the second of the second o	

H15000107450 3

SANI PROPERTIES CORP

ATX1

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	EI	John Doe	
X Remove	Υ	Mike Jones	•
•			
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address .
1) Change	PTD	NICOLA MAIETTA	110 WASHINGTON AVE, STE 1422
Add			MIAMI BEACH, FL 33139
X Remove			·
2) Change	P,D	PAOLO MAIETTA	110 WASHINGTON AVE, STE 1422
X Add		,	MIAMI BEACH, FL 33139
Remove			·
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
č)Change			
Add			
Remove		•	
6) Change			·
Add			
Remove			
		-	

H150001074503

If Smend 'Affach ac	ing or adding : Iditional sheets	additional Artic if necessary).	i <u>les, enter ch</u> (Re specific)	ange(s) hen	9 :			
Autara i ac	iditional sn ou ts,	ii ir acassary).	(pe specillo)					
					<u> </u>	- ,	·	
				_		=		
			_					
								
	, -				-			
	····							
								
					_			
					_			
				-				
	· · · · · · · · · · · · · · · · · · ·							·
			- '	-				
_			<u> </u>					
								
	•							
n ameni	dment provide	a for an exchar ting the amend	<u>lge, reclassi</u>	ication, or c	anceliation	of Issued sh	ares.	
(if not ac	plicable, indice	te N/A)	MINNER HOLL	olimiles III	tuo mucudo	ient leen.		
•		•						
		<u> </u>						
							•	

							·	
		<u></u>				············		

H15000107450 3

SANI PROPERTIES CORP	
The date of each amendment(s) adoption: other than the date this document was signed.	5/1/2015
Effective date <u>if applicable</u> :	6/1/2015
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.
The amendment(s) was/were approved must be separately provided for each vo	by the shareholders through voting groups. The following statement ting 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 action was not required.	y the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder
Dated	5/1/2015
and the Market of the Market o	
Signature ////////////////////////////////////	or, 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 fi	duciery by that fiduciary)
PAOLO I	MAIETTA
	(Typed or printed name of person signing)
PRESIDI	
	(Title of person signing)