P13000079813

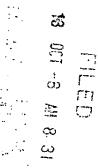
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SADAMI G BER: P1300007981	ROUP INC	
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	SALVADOR MITO	0	
		Name of Contact Persor	······
	SADAMI GROUP		•
		Firm/ Company	
	1102 NELSON R	DN	
		Address	
	CAPE CORAL, F	L 33993	
		City/ State and Zip Code	7
		ony, oute and top cour	•
For further informatio	E-mail address: (to be us	ed for future annual report	notification)
SALVADOR	МІТО	at (239	, 398-2624
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Div	iling Address endment Section ision of Corporations Box 6327	Amend Divisio	Address ment Section on of Corporations Building
Tallahassee FI 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SADAMI GROUP INC		_
(Name of Corporation as currently f	iled with the Florida Dept. of State)	
P13000079813	Corporation (if known)	-
·	•	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the followin	g amendment(s) t
A. If amending name, enter the new name of the c	orporation:	
•		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the a p," "Inc," or "Co". A professional corporation name must abbreviation "P.A."	bbreviation contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		<u></u>
Timesput ogytee waare.s <u>Proter 192 /t Orthospi filo</u>	<u></u>	_ ಹ
	· ·	_
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	- co /
	-	重□
		_ œ
		- <u>ω</u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the	
	office address:	
Name of New Registered Agent	·······	
	(Florida street address)	
New Registered Office Address:	, Florida	_
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Re	gistered Agent:	
	I am familiar with and accept the obligations 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:

(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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doc	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	JULIO P GARCIA	1102 NELSON RD N
Add			CAPE LORAL, FL
X Remove			33993
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional A Attach additional sheets, if necessary,	y). (Be specific)	
If an amendment provides for an ex	exchange, reclassification, or cancellation of issued shares, imendment if not contained in the amendment itself:	
(if not applicable, indicate N/A))	

Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE)	an the
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" (voting group)	
☐ 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	
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)	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)