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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: SANDYS HOME	S 4 YOU INC.	
DOCUMENT NUMB	ER:	.,	
	of Amendment and fee are su	abmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	SANDRA TAMS		
-		Name of Contact Perso	n
_	SANDYS HOMES 4 YOU I		
	1802 WOLF LAUREL DR	Firm/ Company	
<del>-</del>	SUN CITY CENTER, FL 33	Address	
-	·	City/ State and Zip Cod	c
SAND	YTAMS@ C21BE.COM		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
SANDRA TAMS		at (	505-9914
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amer Divis P.O. I	ng Address adment Section ion of Corporations Box 6327 nassee, FL 32314	Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## · = . Articles of Amendment to Articles of Incorporation of

to

SANDYS HOMES 4 YOU INC.				
(Name of Corporation	as currently fil	ed with the Florid	a Dept. of State)	)
P14000035208				
(Documer	nt Number of Co	rporation (if known	)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Floi</i>	rida Profit Corpora	tion adopts the fo	ollowing amendment(s
A. If amending name, enter the new name of the corp	ooration:			
SANDRA K TAMS PA				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co"	. A professional c	ncorporated" or corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	ESS)			
	-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_			<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		in Florida, enter t	he name of the	
Name of New Registered Agent				
	(Florida street a	(ldress)		
	( Toritta street a	uur cooy		
New Registered Office Address:	(City	y	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: um familiar with	and accept the obli	gations of the po:	sition.
			. 7%	-
Signatu	re of New Regis	tered Agent, if char	iging Fig.	
<b>V</b>	, 5-	<u>.</u>	CAR	
			SO SO	20

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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		<del>_</del>		
Add				<del></del>
Remove				
3 ) Change		_		
Add				
Remove				<del></del> -
4) Change		<b>_</b>		
<b>Ad</b> d				
Remove				
5) Change				
Add		_	-	
Remove				
6) Change				
Add		_		
Aud				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
•	
<del></del>	
······································	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

1/1/2018	
The date of each amendment(s) adoption:	nan the
1/1/2018 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	as 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 emitted to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by (voting group)	
(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 ////.//8	
Signature Andta X Jans	
(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)	
SANDRA K TAMS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	