P1500028028

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COVER LETTER

TO: Amendment Section.
Division of Corporations

NAME OF CORPO	RATION: Sacula Enterprises I	nc		
DOCUMENT NUM	P15000028028			
The enclosed Article	s of Amendment and fee are sub	omitted for filing.		
Please return all corr	espondence concerning this mat	ter to the following:		
	Lida Irene Castorani			
		Name of Contact Persor		
	Sacula Enterprises Inc			
		Firm/ Company		
	13353 Mallard Cove Blvd			
		Address		
	Orlando FI 32837			
		City/ State and Zip Code		
	lcastorani@hotmail.com			
		sed for future annual report	notification)	
	ion concerning this matter, pleas		436 1740	
Lida Castorani	20 B	at (321		
	e of Contact Person		•	
Enclosed is a check	for the following amount made	payable to the Florida Dep	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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SACI	111	123	NI"	1.12	D.	DΒ	IS	115	INC
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(<u>Name o</u>	f Corporation as curren	tly filed with the Florida Dept. of State)			
PL15000028028					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following ame	ndment(s) to		
A. If amending name, enter the new na	me of the corporation:				
			new		
name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Co A professional corporation name must contain the	orp.," word		
B. Enter new principal office address,	if annlicable:	13353 MALLARD COVE BLVD			
(Principal office address MUST BE A S	TREET ADDRESS)	ORLANDO FL 32837			
C. Enter new mailing address, if applicable:		13353 MALLARD COVE BLVD	_		
(Mailing address MAY BE A POST)	OFFICE BOX)	ORLANDO FL 32837			
		(MCANDO 1 & 203)	 ,		
		· · · · · · · · · · · · · · · · · · ·	 3		
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the name of the			
new registered agent and/or the nev					
Name of New Registered Agent	LIDA IRENE CASTOR	ANI			
	13353 MALLARD COV	(%) (%)			
	(Florida :	street address)	25		
New Registered Office Address:	ORLANDO	Florida			
		(City) (Zip Code)			
New Registered Agent's Signature, if c	hanging Registered Age	nt: r with and accept the obligations of the position.			
Thereby accept the appointment as regist	erea agem. Tampamina	The state of the s			
(.)		/			
470	en Costa	prime			
<u> </u>	Signature of New	Registered Agent, if changing			
Check if applicable					

 \square The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e), F.S.

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 = ChiefExecutive 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: XChange	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One) 1) X Change	P/CEO	LIDA IRENE CASTORANI	13353 MALLARD COVE BLVD
Add			ORLANDO FL 32837
Remove			
X Change	VP	CECILIA CASTORANI	439 RIDGE FOREST DR
Add			SANDFORD FL 32771
Remove 3) Change	VP	MARIA ROSA SACULA	
Add			2548 OAK PARK WAY
X Remove			ORLANDO FL 32822
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	SEPTEMBER 15TH 2023	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
-	TEMBER 15TH 2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	• •	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date windertment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONF)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/292023 Dated		
Signature _	Tha Corlonne	;
(By a di	rector, president or other officer - if directors or officers have not been	
sélected	l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	·
	LIDA IRENE CASTORANI	
	(Typed or printed name of person signing)	
	CEO/PRESIDENT	Ž.