# P15000073047

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#### **COVER LETTER**

Division of Corporations SARRIA SUILTS ELITE CO NAME OF CORPORATION: DOCUMENT NUMBER: <u>P150000</u> 730 47 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alej ANDO SARRIA

Name of Contact Person Bal F Cottlercial Blub 102 Address Fort Lauendente, Fl, 33308
City/ State and Zip Code FeonoHariafros Quothail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$52.50 Filing Fee \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

#### **Mailing Address**

TO: Amendment Section

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** Articles of Incorporation

	16 SEP 21	17.50	
<u>te</u> )		星11.53	

P 150000 730 47

(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporat	i <u>ion:</u>
	The new
	poration," "company," or "incorporated" or the abbreviation o," or "Co". A professional corporation name must contain the intain "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
	<del></del>
Name of New Registered Agent	
	lorida street address)
	•
New Registered Office Address:	(City), Florida, Florida
	1
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	1 Agent:
і петеву ассері іне арроінітені аз гедізіегеа адені. Тат јі	линия жин ини иссері те оондинопь ој те розтоп.
· <u></u>	
Cian at	-f.M. Distanad doont if abanaina

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.

Example: X_Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	ALGANDRO SARRIA	2821 E COMMERCIAL BLUD
Add			#102
Remove			Fort Lauroero Ale, FL, 33308
2) Change	P	YUSEF SABAGH	2021 = 10HHORLIALBILLI #102
Remove			Fort LAURDER DAILE, FL, 33300
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
f an amendment provides for a - evol	have realization or consultation of issued shores
it all amenoment provides for an exci	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.	9-16-15	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not a document's effective date on the Department of Sta	meet the applicable statutory filing requirements, tate's records.	his date will not be listed as the
Adoption of Amendment(s) (CHEC	<u>CK ONE)</u>	
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	areholders. The number of votes cast for the amendaroval.	ment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gr	hareholders through voting groups. The following so coup entitled to vote separately on the amendment(s	latement ):
"The number of votes cast for the amenda	ment(s) was/were sufficient for approval	
by	g group)	
(voting	g group)	
☐ The amendment(s) was/were adopted by the boaction was not required.	pard of directors without shareholder action and shar	eholder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action and sharehol	der
(By a director, preside	D full Sent or officer - if directors or officers have not	
selected, by an incorp appointed fiduciary by	oorator – if in the hands of a receiver, trustee, or other by that fiduciary)	er court
Ala	yped or printed name of person signing)	
(T)	yped or printed name of person signing)	
	President	
	(Title of person signing)	