## P15 000 084777

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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE STATE STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SAMACRIS 1111	CORP	·
DOCUMENT NUMB	P15000084777		
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
		MARIA MERCEDES VEL	ASQUEZ
•	Name of Contact Person		
	VEI	LASQUEZ TAX SERVICE	S CORP
-		Firm/ Company	
		3105 NW 107 AVE STE 4	00
•		Address	
		MIAMI FL 33472	
•		City/ State and Zip Code	e
For further information	concerning this matter, pleas		
Name o	f Contact Person	at ( Area Co	de & Daytime Telephone Number
	the following amount made		
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)
	ing Address		Address
Amendment Section		Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327			Building
Tallahassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## SAMACRIS 1111 CORP

( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)
P15000084777		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	iation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:		N/A
(Principal office address MUST BE A S		N/A
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
<ul> <li>If amending the registered agent are new registered agent and/or the ne</li> </ul>		dress in Florida, enter the name of the ss:
Name of New Registered Agent	N/A	<del></del> -
Mane of their registered rights		
	(Florida :	street address)
New Registered Office Address:	N/A	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ages	at:
		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>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	ANGELO E DE FREITAS	68 SE 6 ST
Add			STE IIII
X Remove			MIAMI FL 33131
2) Change	PVP	CRISTINA M FREITAS	68 SE 6 ST
X Add			STE 1111
Remove			MIAMI FL 33131
3) Change	D	MARISOL FREITAS	68 SE 6 ST
X Add			STE 1111
Remove			MIAMI FL 33131
4) Change	D	SARA M FREITAS	68 SE 6 ST
X Add			STE 1111
Remove			MIAM1 FL 33131
5) Change			
Add			
Remove			
0 (1)			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) THE SHARES ARE:
25% TO ANGELO E FREITAS
25% TO CRISTINA M FREITAS
25% TO MARISOL FREITAS
25% TO SARA M FREITAS
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A

The date of each amendment(s) ado date this document was signed.	ption:, 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 blod document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will not be listed as the rtment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
☐ The amendment(s) was/were appromust be separately provided for each	red by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
	the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
JUI.Y 30/2022 Dated	
Signature	Muguel.
(By a direc selected, b	or, president or other officer - if directors or officers have not been an incorporator - if in the hands of a receiver, trustee, or other court iductary by that fiduciary)
	ANGELO É FREITAS
<del></del>	(Typed or printed name of person signing)
	PRESIDENT
···	(Title of person signing)