P15000101453

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2022 APR 18 AMII: 35
SECRETARY OF STATE
AND ASSETS FOR THE APPLICATION OF THE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	SAVITS ENTERPRISES II, INC.						
DOCUMENT NUM	1BER:	P15000101453						
The enclosed Article	es of Amendment and fee	are submitted for filing.						
Please return all corn	respondence concerning	this matter to the following:						
	Louis John Claps, C.P	.Λ.						
	Name of Contact Person							
	Louis John Claps, C.P.A. & Associate, P.A.							
		Firm/ Company						
	11440 Okeechobee BI	vd, Stc. 215						
	Address							
	Royal Palm Beach, FL	33411						
	City/ State and Zip Code							
	john@clapscpa.cpm							
	E-mail address: (1	o be used for future annual report notification)						
For further informati	on concerning this matte	r, please call:						
Louis John Claps, C.	P.A.	at (at (561)						
Name	of Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a check f	or the following amount	made payable to the Florida Department of State:						
\$35 Filing Fee	S43.75 Filing Fe Certificate of Sta							
Am	iling Address endment Section	Street Address Amendment Section						
Div	ision of Corporations	Division of Cornerations						

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

SAVITS ENTERPRISES II, INC.

The second of th

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
	000101453
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
SAVITS ENTERPR	USES II REDUX, INC.
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.)	"company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word 4."
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	12555 BISCAYNE BLVD
	PMB 455
	NORTH MIAMI, FL 33181
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	treet uddress)
New Registered Office Address:	, Florida
	(City) (/ip Code)
w Registered Agent's Signature, if changing Registered Agen ereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New R	Registered Agent, if changing

Check if applicable

☐ 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 = 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 Jon	<u>es</u>				
_X Add	<u>sv</u>	Sally Smi	ith				
Type of Action (Check One)	Title	Ì	Name		,	<u>Addres</u> s	
1) Change	_		····				
Add							
Remove							
2) Change			<u>-</u>	 :			
Add							
Remove 3) Change		 -		-			
Add							
Remove							
4) Change				· · · · · · · · · · · · · · · · · · ·	·		
Add							
Remove							
5) Change							
Add							
Remove							
6) Change		_ _					
Add		_					
Remove							

	, if necessary). (Be sp	pecific)			
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amendment provid	es for an exchange, re	eclassification, or c	ancellation of issue	ed shares	
isions for implemen	uunz uuc xuncanmenr	if not contained in	the amendment it	self:	
Was to the	dicate N/A)				
if not applicable, inc					
if not applicable, inc					
if not applicable, inc					-
if not applicable, inc					
if not applicable, inc					
if not applicable, inc					
if not applicable, inc					
if not applicable, inc					
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(if not applicable, inc					
(if not applicable, inc					

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment ufficient for approval.	ús)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following staten cach voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
ALL SHAREHOLDE	RS "	
	(voting group)	
MARCH 2 Dated Signature		
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary)	urt
	MONICA SAVITS	
	(Typed or printed name of person signing)	
	VICE PRESIDENT/DIRECTOR	
	(Title of person signing)	

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