P14000041883

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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: S & A GRUPO D	E INVERSIONISTAS INC
DOCUMENT NUMBER: P16000041883	
The enclosed Articles of Amendment and fee are st	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
ROXANA TUMBACO	
	Name of Contact Person
CORNERSTONE TAX AN	D ACCOUNTING SERVICES
	Firm/ Company
2719 HOLLYWOOD BLVI	` '
	Address
HOLLYWOOD, FL 33020	
	City/ State and Zip Code
ACCOUNTING@CORNERSTON	RETAXCORP.COM
- I	sed for future annual report notification)
For further information concerning this matter, plea	se call:
ROXANA TUMBACO	at (⁷⁸⁶) 597.9461
Name of Contact Person	at () Area Code & Davtime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Articles of In-	
of	
S & A GRUPO DE INVERSIONISTAS INC	25. 0. 1
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P16000041883	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	···•
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or 'word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1720 SUNSET DR
(Principal office address <u>MUST BE\A STREET ADDRESS</u>)	LONGWOOD, FL 32750
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address N/A	
Name of New Registered Agent	
(Florida sti	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>t:</u>
Signature of New I	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>	 <u>John D</u>	<u>000</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	<u>Şally S</u>	<u>Snúth</u>	
Type of Action (Check One)	<u>Title</u>	I	<u>Name</u>	<u>Addres</u> s
I) Change	T	_	BRIAN H SUAREZ ALVAREZ	1726 SUNSET DR
Add X Remove				LONGWOOD, FL 32750
2) Change	VP	I	LUZ D ALVAREZ CARDENAS	1726 SUNSET DR
Add				LONGWOOD, FL 32750
X Remove				
3) Change		_ ,		
Add		'		
Remove				
4) Change				
Add		i		
Remove		ŕ		,
5) Change		_ ;		
Add				
Remove		1		
6) Change		_		
Add		!		
Remove				

E. If amending or adding additional Articles, enter changet (Attach additional sheets, if necessary). (Be specific)	s) here:
N/A	
F. If an amendment provides for an exchange, reclassificati	on or cancellation of issued chares
provisions for implementing the amendment if not cont:	nined in the amendment itself:
(if not applicable, indicate NA)	
N/A	
i	
	

N/A	
The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
N/A	
Effective date if applicable:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w locument's effective date on the Department of State's records.	ill not be listed 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 entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (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.	
•	
11/20/2017 Dated	
// // // // // // // // // // // // //	
Simulton	
Signature (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)	
Brian Hernan Suarez Alvar	.e£
(Typed or printed name of person signing)	
Treasure	
(Title of person signing)	