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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SEMPER ANTICU	IS SOLUTIONS, INC.	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
J	ONATHAN M. RUIZ		
_		Name of Contact Persor	<u></u>
S	EMPER ANTICUS SOLUT	TONS, INC.	
-		Firm/ Company	
2	901 5TH AVENUE NORTE		
_		Address	· · · · · · · · · · · · · · · · · · ·
S	T. PETERSBURG, FL 3370	99	
-		City/ State and Zip Cod-	
\$	EMPERANTICUSINC@OU	JTLOOK.COM	
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JONATHAN M. RUIZ		at (<u>727</u>	_) 321-2728
Name o	Contact Person	Area Code & Daytime Telephone Number	
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	☐\$43.75 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		Amenc Divisic The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

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(<u>Name of Co</u>	orporation as currently	にてるのS。 てんこ filed with the Florida Dept. of State) リ, ト	-115 E
Pi	16000053980		
	(Document Number of 0	Corporation (if known)	
ursuant to the provisions of section 607.1006 s Articles of Incorporation:	5, Florida Statutes, this F	orida Profit Corporation adopts the followin	g amendment(s)
. If amending name, enter the new name of	of the corporation:		
N/A			The new
ame must he distinguishable and contain the v Inc.," or Co.," or the designation "Corp, chartered," "professional association," or th	" "Inc," or "Co". A	mpany," or "incorporated" or the abbreviation of the abbreviation of the must contain the m	on "Corp.," n the word
, .		N/A	
 Enter new principal office address, if ap Principal office address MUST BE A STRE. 			
•			
. Enter new mailing address, if applicable	•		
(Mailing address MAY BE A POST OFF		N/A	
. If amending the registered agent and/or		ss in Florida, enter the name of the	
new registered agent and/or the new reg			
Name of New Registered Agent N/	A		-
	(Florida stree	t address)	_
New Registered Office Address:		, Florida	
	((City) (Zip (Code)
an Degistered Agent's Signature if chang	ing Pegistered Agents		
ew Registered Agent's Signature, if chang hereby accept the appointment as registered	agent. I am familiar wi	th and accept the obligations of the position.	
	0	to the second second	_
	Signature of New Reg	istered 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)

Example:

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	РТ	JONATHAN M. RUIZ	2901 5th Ave N
Add			St. Petersburg, FL 33713
Remove	sv	AMBER C. RUIZ	2901 5th Ave N
2) Change Add		7,1115211 0. 11012	St. Petersburg, FL 33713
Remove 3) Change			
Add			
Remove 4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	
N/A		
		-
<u> </u>		
		
		
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		<u>.</u>
	·	
	harten eta aran aran aran aran eta ara	
nrovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
I/A		
1/A	•	
!/A		
WA		
WA		
.VA		
WA		
WA		
VA		
V/A		
WA		

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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		<u> </u>
-	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amer sufficient for approval.	edment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendments	
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by THE INCORPORA	rors	
	(voting group)	
Dated August 2	3,2022	
Signature (Jonathan M. Ruiz director, president or other officer - if directors or officers have no	
	ted, by an incorporator – if in the hands of a receiver, trustee, or oth inted fiduciary by that fiduciary)	her court
арро		
	JONATHAN M. RUIZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	······································