P160000 90280

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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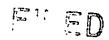
COVER LETTER

TO: Amendment Section Division of Corporations

.

| NAME OF CORPOR | SATELLITE LAK | E 2, INC. | | | |
|--|---|---|--|--|--|
| DOCUMENT NUMB | P16000090280 | | | | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corresp | pondence concerning this ma | tter to the following: | | | |
| | CLAUDIA PEREIRA | | | | |
| - | | Name of Contact Persor | <u> </u> | | |
| : | SATELLITE LAKE 2, INC. | | | | |
| - | | Firm/ Company | | | |
| | 1910 LAKE WORTH RD | t mil Company | | | |
| - | <u> </u> | Address | | | |
| | LAKE WORTH, FL 33461 | | | | |
| - | | City/ State and Zip Code | 2 | | |
| GLOC | он@нотмац.com | | | | |
| - | - | sed for future annual report | notification) | | |
| | concerning this matter, pleas | 863 | 327-6529 | | |
| Name o | f Contact Person | at (Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | rtment 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 | | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | |

Articles of Amendment to Articles of Incorporation of



SATELLITE LAKE 2, INC

2019 IIII 18 PH 3: 24

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000090280

(Document Number of Corporation (if known)

it(s) to

| of the corporation: | |
|---|--|
| | Tt |
| the word "corporation," "company," on "Corp," "Inc," or "Co". A profession," or the abbreviation "P.A." | |
| pplicable: N/A EET ADDRESS) | |
| | |
| ole: N/A FICE BOX) | |
| | |
| r registered office address in Florida, en | ter the name of the |
| N/A | |
| ?/A | |
| (Florida street address) | |
| //A | . Florida N/A |
| | . 1 10: 10: |
| | the word "corporation," "company," on "Corp," "Inc," or "Co". A profession," or the abbreviation "P.A." N/A |

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 Do | <u>ne</u> | | |
|----------------------------|--------------|-------------|---------------|-------------|----------------------|
| X Remove | <u>V</u> | Mike Jones | | | |
| X Add | <u>sv</u> | Sally Smith | | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | Address |
| 1) Change | D | | ROGER RAMIREZ | | 1910 LAKE WORTH RD |
| X Add | | | | | LAKE WORTH, FL 33461 |
| Remove | | | | | |
| 2) Change | | _ | | | |
| Add | | | | | _ |
| Remove | | | | | |
| 3) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | , |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Channa | | | | | |
| 6) Change | - | _ | | | |
| Add | | | | | |
| Remove | | | | | |

| If amending or adding additional Arti (Attach additional sheets, if necessary). | (Be specific) |
|---|--|
| N/A | |
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| If an amandment provider for an arch | and realization or equalitation of issued shows |
| provisions for implementing the amer | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| N/A | |
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| • | 07/11/2019 |
|--|--|
| The date of each amendment(s) ado | otion:, if other than the |
| date this document was signed. | |
| N/A Effective date <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this blo document's effective date on the Department | k does not meet the applicable statutory filing requirements, this date will not be listed as the timent of State's records. |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| ■ The amendment(s) was/were adopt by the shareholders was/were suffi | ed by the shareholders. The number of votes east for the amendment(s) cient for approval. |
| ☐ The amendment(s) was/were appromust be separately provided for ea | ed by the shareholders through voting groups. The following statement ch 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 N/A | |
| | (voting group) |
| action was not required. | d by the board of directors without shareholder action and shareholder d by the incorporators without shareholder action and shareholder |
| selected, b | tor, president of other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary) |
| | CLAUDIA PEREIRA |
| _ | |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |