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SECURION
TALLARASSEE, FLORIDA

C. GOLDEN SEP 1 5 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SAIPON INCORP	ORATE	
DOCUMENT NUMBE			
The enclosed Articles of	**************************************	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
E	DUARDO PEREZ INFAN	ГЕ	
_	, <del>-</del>	Name of Contact Person	1
S	AIPON INCORPORATE		
_		Firm/ Company	
6	850 SW 24 STREET SUITE	E 508	
_	***************************************	Address	
N	IIAMI, FLORIDA 33155		
_	***	City/ State and Zip Code	e
eduardo	@saiponcloth.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information of 34Eduardo Perez Infant	concerning this matter, pleas		、553 3486
Name of	Contact Person	at ( Area Co	) 553 3486 de & Daytime Telephone Number
	he 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)
Amen Divisi P.O. E	ng Address diment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation

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SAIPON INCORPORATED		36000 Jan 198 3 M
(Name o	f Corporation as currently f	filed with the Florida Dept. of State) AHASSEE, FLOI
P16000101241		
	(Document Number of Co	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the following amendment(
A. If amending name, enter the new na	me of the corporation:	
	ation "Corp," "Inc," or "Co	The new "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the A."
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> (		
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the name of the
Name of New Registered Agent	237 NW 65 Avenue	
	(Florida street	a adaress)
New Registered Office Address:	Miami (C)	, Florida (Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	ered agent. Sam familiar with	th and accept the obligations of the position.

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 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	P	Alejandro Ramallo	13741 SW 30 Street	
Add			Miami, Florida 33175	
X Remove				
2) Change	P	Victor Ramallo	13741 SW 30 Street	
X Add			Miami, Florida 33175	
Remove			<del></del>	
3 ) Change				
Add				
Remove				
4)Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
(1) The state of t		
16-4		
***************************************		
1.		
840	- Matthews	
f an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
TO THE STATE OF TH		

The date of each amendment(s) adopt date this document was signed.	ion:, it other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adopted by the shareholders was/were suffici	i by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
08/17/2017 Dated	
Signature	Thur VI
(By a direct	tor, president or other officer - if directors or officers have not been
	y an incorporator — if in the hands of a receiver, trustee, or other court
	UARDO PEREZ INFANTE
<del></del>	(Typed or printed name of person signing)
PR	ESIDENTE
	(Title of person signing)