P17 0005276

(Requestor's Name)
(Address)
SAEB JANNOUN 5523 RANLS RD TAMPA FL 33625-1324
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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Special Instructions to Filing Officer:

Office Use Only

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FILED 2017 MOV 13 FM 12: 43

C. GOLDEN NOV 1 4 2017



October 23, 2017

SAEB JANNOUN 5523 RAWLS ROAD TAMPA, FL 33625-1324

SUBJECT: SANTORINI GROUP INC.

Ref. Number: P17000005276

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 217A00021363

www.sunbiz.org

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Articles of Amendment FILED	
2017 NOV 13	PM 12: 43
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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	PT John Doe
X Remove	V Mike Jones
_X Add	SV Sailv Smith
Type of Action (Check One) i) ChangeAdd	P DIANA CASULL 101 CHARDONNAY PL VALRICO FL 33594
Remove 2)	D SAEB TANNOUN 5516 W. LINEBAUGHA TOMPA FL 33624
Remove 3)ChangeAdd	
Remove 4) Change Add Remove	
5) Change Add Remove	
6) Change Add Remove	

If an amendment provides for an exchange, reclassification, or cancellation of issued thares, provisions for implementing the amendment if not contained in the amendment itself. (if not applicable, indicate N/A;	
provisions for implementing the amendment if not contained in the amendment itself:	
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The date of each amendment(s) adoption:	her than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	_
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be f document's effective date on the Department of State's records.	isted as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval	
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.	
Dated	
(By a director, provident or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other count appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
DiRECTOR (Title of person signing)	
(Title of accounting to	_