P170000 19964

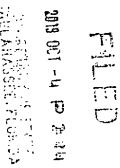
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SAM BROTHERS	S, INC.	
	BER:		
	of Amendment and fee are st	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	STEVE SAMANIEGO		
		Name of Contact Person	1
	P17000019964		
		Firm/ Company	
	10950-60 SAN JOSE BLVD	• •	
		Address	
	JACKSONVILLE, FL 32223	;	
		City/ State and Zip Code	÷
mgor	ızalez@turnercpas.com		
	-	sed for future annual report	notification)
ror niriner informatio	n concerning this matter, pleas	se call:	
STEVE SAMANIEGO		at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtinent of State:
S35 Filing Fee	☐S43.75 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		Amend Divisio Clitton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

to

SAM BROTHERS, INC.	FILED
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P17000019964	2878 OCT -4 P 2 94
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Floridu Profit Corporalian adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:
	Thenew
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
V D : 107 (11	Mari II.
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Reg	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	nature of New 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	STEVE SAMANIEGO	
X Add			
Remove			
2) Change	P	TONY SAMANIEGO	
Add			
X Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng additional Art ets. if necessary).	(Be specific)			
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				-	
					
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-		<u>-</u>	 .		
an amendment pro	vides for an each	anno roclassifics	ation or cancellativ	an of icenad charac	
provisions for imple	menting the ame	ndment if not cor	itained in the amer	od or issued shares, and or issued shares, a	
	. indicate N/A)			<u> </u>	
(i) not applicable					
(if not applicable					
(if not applicable					
(ij not applicable					
(ij not applicable			<u> </u>		
(ij not applicable					
(ij not applicable					
(if not applicable					
(if not applicable					
(if not applicable					
(ij not applicable					
(ij not applicable					

The date of each amendment	(s) adoption:	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
10/01 Dated	/2019	
Signature _	She Jacque	
(s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	STEVE SAMANIEGO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	