P170000026159

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SECRETARY OF SAME STATIONS DIVISION OF CORPORATIONS

C WCHAIK

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SANA ENTER	PRISES, INC.
DOCUMENT NUMBER: P17000026159	
The enclosed Articles of Amendment and fee are si	ubmitted for filing.
Please return all correspondence concerning this ma	1
Thouse rotain an correspondence consorting the ma	
Stephen M. Stone, Esquire	
	Name of Contact Person
Law Offices of Stephen M.	
725 N. Magnatia Ayanya	Firm/ Company
725 N. Magnolia Avenue	Address
Orlando, Florida 32803	Audress
	City/ State and Zip Code
stephen@smstonelaw.com	
. •	used for future annual report notification)
For further information concerning this matter, plea	ase call:
Stephen M. Stone, Esquire	407 423-7910
Name of Contact Person	at (at (
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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

SANA ENTERPRISE, INC.

(Name of Corp	oration as currently flied with the Florida Dept. of State	
P17000026159		
(0)	Document Number of Corporation (if known)	=======================================
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the	following amendm
A. If amending name, enter the new name of t	the corporation:	
		The ne
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	e word "corporation," "company," or "incorporated" of "Corp," "Inc," or "Co". A professional corporation nan or the abbreviation "P.A."	or the abbreviatio ne must contain th
B. Enter new principal office address, if appli	cable:	
(Principal office address MUST BE A STREET	CADDRESS)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
D. If amending the registered agent and/or re	gistered office address in Florida, enter the name of the	
new registered agent and/or the new regist	tered office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
The Francisco Office That can.	(City)	(Zip Code)
New Registered Agent's Signature, if changing		.aaitiau
i nereby accept the appointment as registered ag	ent. I am familiar with and accept the obligations of the p	омнон.
	Cianatana Allan Basistana di Assat if al-masina	

Signature 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)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P	Hena Aktar	10724 Hobit Circle, Apt. #202
Add			Orlando, FL 32836
Remove			
2) X Change	T	Antora Ahmed	814 Deer Fern Avenue
Add			Deland, FL 32720
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	r adding additional and sheets, if necessar	y). (Be specific	·)			
						
				•		
					· - · · · · · · · · · · · · · · · · · · ·	
						
f an amendme	ent provides for an e	xchange, reclass	ification, or can	cellation of issue	d shares,	
(if not ap)	olicable, indicate N/A)	i Contained in th	e amendment its	en.	
'A	•					
					<u> </u>	
						-
	<u> </u>					
						

(/ 1	ther than the
date this document was signed.	
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 document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast 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.	
April, 2017 Dated	
Ab	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Stephen M. Stone	
(Typed or printed name of person signing)	
Attorney at Law/Registered Agent	
(Title of person signing)	