| (R                      | Requestor's Name)       |            |
|-------------------------|-------------------------|------------|
| (A                      | ddress)                 |            |
| (A                      | ddress)                 | <u>.</u> . |
| (C                      | Sity/State/Zip/Phone #) |            |
| ,-                      | ,                       |            |
| PICK-UP                 | ☐ WAIT                  | MAIL       |
| (B                      | Business Entity Name)   |            |
|                         |                         |            |
| (D                      | Occument Number)        |            |
|                         |                         |            |
| Certified Copies        | Certificates of         | Status     |
|                         |                         |            |
| Special Instructions to | o Filing Officer:       |            |
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORA           | ATION: SAC COP                              | IHERCE CORF  | ?<br>  |
|---------------------------|---|--|--|
| DOCUMENT NUMBI            | er: <u>P170006</u>                          | 3350   |  |
| The enclosed Articles o   | f Amendment and fee are su                  | bmitted for filing.  |  |
| Please return all corresp | ondence concerning this ma                  | tter to the following:   |  |
|                           | Cherly Fema                                 | Andez Soh  |  |
| _                         |   | Name of Contact Person   | n  |
| _                         | Sac Compe                                   | ce conp.   |  |
|                           |   | Firm/ Company  |  |
|                           | 1489 SE 17th S<br>FF lauderdale             | T A1489 - 21   | <u></u>  |
|                           |   | Address  |  |
|                           | FT lauderdale                               | , FL 33316   | •  |
|                           |   | City/ State and Zip Cod  | e Table 1  |
| <u> 3</u> 0               | E-mail address: (to bigue                   | Naul. COM ·<br>sed for future annual report                        | notification)  |
| For further information   | concerning this matter, pleas               | se cali:   |  |
| Cherly Fer                | mundez Svio<br>Contact Person               | at ( 786   | , 603 8686   |
| / Name of                 | Contact Person                              | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for   | the following amount made                   | payable to the Florida Depa  | artment 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) |
| Maili                     | ng Address                                  | Street   | Address  |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to **Articles of Incorporation**

|  | Articles of Am<br>to<br>Articles of Inco  |  | <u> </u>           | 7018 JUL                          | 7           |
|--|---|--|--------------------|-----------------------------------|-------------|
|  | of _                                      |  |                    | P. T.                             | . '~        |
| SAC COMMERCE COL   | 2P  |  |                    | 10/72                             | <u>a</u>    |
|  | n as currently                            | filed with the Florida                       | Dept. of State)    | 19.0%                             | 3           |
| P17000063350   |   |  |                    | 200                               | 19.         |
| (Docum   | ent Number of (                           | Corporation (if known)                       |                    | 327                               | <del></del> |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:   | Statutes, this Fi                         | lorida Profit Corporati                      | ion adopts the fol | lowing amendm                     | ent(s) to   |
| A. If amending name, enter the new name of the cor   | rporation:                                |  |                    |                                   |             |
|  |   | NA   |                    | The new                           |             |
| name must be distinguishable and contain the word<br>"Corp.," "Inc.," or Co.," or the designation "Corp,<br>word "chartered." "professional association," or the a | " "Inc," or "C                            | " "company," or "in<br>o". A professional co | corporated" or i   | the abbreviation must contain the | n<br>e      |
| B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADD</u>  |   | NJA  |                    |                                   |             |
| C. Enter new mailing address, if applicable:<br>(Mailing address <u>MAY BE A POST OFFICE BOX</u>   | <u>K</u> )                                | NJA  |                    |                                   |             |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of  |   | ss in Florida, enter the                     | e name of the      |                                   |             |
| Name of New Registered Agent   | N/  | A ·  |                    |                                   |             |
|  | (Florida stree                            | et addrass)                                  |                    |                                   |             |
|  | · I A                                     | r taurensy                                   |                    |                                   |             |
| New Registered Office Address:   | NIA.                                      | City)  | , Florida          | (Zip Code)                        |             |
| New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent. I   | <u>stered Agent:</u><br>! am familiar wii | th and accept the oblig                      | ations of the posi | tion.                             |             |
|  | NÍA                                       |  |                    |                                   |             |
| Signa  | ture of New Res                           | gistered Agent, if chang                     | ging               | <del></del>                       |             |

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:<br>X Change          | PT John Doe              |   |                  |
|-------------------------------|--------------------------|---|------------------|
| X Remove                      | V Mike Jones             |   |                  |
| X Add                         | SV Sally Smith           |   |                  |
| Type of Action<br>(Check One) | <u>Title</u> <u>Name</u> | <u>Addres</u> s                                   |                  |
| 1) Change                     | Pres Rodriguez,          | Josair 1489 se 17th st ste<br>Fort landidate Fl 3 | 2                |
| Add                           | V                        | Fort landidate FL 3.                              | <del>33</del> 16 |
| Remove                        |                          |   |                  |
| 2) Change                     |                          |   |                  |
| Add                           |                          |   |                  |
| Remove                        |                          | <del></del>                                       |                  |
| 3 ) Change                    |                          |   |                  |
| Add                           |                          |   |                  |
| Remove                        |                          | <del></del>                                       |                  |
| 4) Change                     | <del></del>              |   |                  |
| Add                           |                          |   |                  |
| Remove                        |                          | <del></del>                                       |                  |
| 5) Change                     |                          |   |                  |
| Add                           |                          |   |                  |
| Remove                        |                          |   |                  |
| 6)Change                      |                          |   |                  |
| Add                           |                          | <del></del>                                       |                  |
| Remove                        |                          |   |                  |

|               | nal sheets, if necessary). (Be specific)  |
|---------------|---|
|               | N/A   |
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| f an amandn   | ent provides for an exchange, reclassification, or cancellation of issued shares, |
| provisions fo | r implementing the amendment if not contained in the amendment itself:            |
| (if not ap    | plicable, indicate N/A)   |
|               | N/A   |
|               |   |
|               |   |
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|  | , if other than th  |
|--|---------------------|
| date this document was signed.   |                     |
| Effective date if applicable: NA -   |                     |
| Effective date if applicable: N/R - (no more than 90 days after amendment file date)   |                     |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.                 | not be listed as th |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )  |                     |
| ☐ 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.   |                     |
| Dated5/20/18   |                     |
| 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)   |                     |
| Overty Fernandez Solo (Typed or printed name of person signing)  |                     |
| (Typed or printed name of person signing)  |                     |
| (Title of person signing)  |                     |
| (Title of person signing)  |                     |

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