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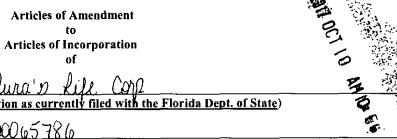
COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sakura's Life Corp Firm/ Company P.O. Box 172601 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



Sa.l	lura's file Corp	3
(Name of Corpora	tion as currently filed with the Florida	a Dept. of State)
P 17 Q	00065786	
	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Profit Corpora	tion adopts the following amendmen
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the wi "Corp.," "Inc.," or Co.," or the designation "Conword "chartered," "professional association," or the	rp," "Inc," or "Co". A professional c	ncorporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>	
D. If amending the registered agent and/or regist		he name of the
new registered agent and/or the new registere	ed office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		igations of the position.
	•	
-		
Si	ionature of New Registered Agent if cha	inging

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) X Change	<u> </u>	Patricia Aiko Namekata	4848 Cypruss Woods Diw
Add			opt.343 32811
Remove			Arlando, Florida
2) Change			
Add			
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change	•		
Add			
Rémove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artic Mach additional sheets, if necessary).	(Be specific)			
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			, <u></u>	
				
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			···	
an amendment provides for an exchorovisions for implementing the ame	<u>iange, reclassification</u> indment if not con <u>tain</u>	<u>, or cancellation of is</u> ed in the amendmen	sued sha <u>res,</u> t itself:	
(if not applicable, indicate N/A)	ŀ			
				

The date of each amendment(s) adoption: 08/04/2017 (for correcting lant name typic whom) if other 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 listed as the document's effective date on the Department of State's records.
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.
Dated $\frac{10/04/2017}{}$.
Signature Automation Material
(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)
Tatua Aika Wamelata (Typed or printed name of person signing)
Trudent / Registered Agent (Title of person signing)