Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004304973)))



H210004304973ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet,

To:				
	Division of Corporations			
	Fax Number : (850)617-6380	M _o c	3021 NOV 23	
From:			21	
	Account Name : KIJOENNA SERVICES INC	Ēŕ	- ₹	
	Account Number : I2008000033	S	~	
	Phone : (305)644-3055	SE	22	,-
	Fax Number : (305)644-3052	m~	. •	Ţ
	the email address for this business entity to be used for futuoual report mailings. Enter only one email address please.**	<u></u>	À	[_
		[0]		
	the email address for this business entity to be used for futu	re ²² 2	<u>9</u> . 3	
'Enter	nual report mailings. Enter only one email address please.**			

COR AMND/RESTATE/CORRECT OR O/D RESIGN SAMIR GENERAL GROUP SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	S35.00

NOV 2 3 20 S. PRAT

COVER LETTER,

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: SAMUR GENERA	L GROUP SERVICES IN	C
DOCUMENT NUMI	3ER: P17000086759		
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	ENNA DIEPPA		
Name of Contact Person			
	KRISJOENNA SERVICES I	NC	
		Firm/ Company	
	2141 SW 1 ST STE110	. ,	
		Address	
	MIAMI,FL 33135		
	·	City/ State and Zip Cod	
KRISJOENA @YAHOO.COM			
		sed for future annual report	notification
		· · · · · · · · · · · · · · · · · · ·	
For further information	n concerning this matter, pleas	se call:	
ENNA DIEPPA			、7864997132
Name o	of Contact Person	at (area Cou	de & Daytime Telephone Number
enciosed is a check for	the following amount made	payable to the Florida Depa	urtinent of State:
■ \$35 Filing Fee	US43.75 Filing Fee & Certificate of Status	US43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	OS52.50 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	Address ment Section n of Corporations
		2415 እ	entre of Tallahassee V. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

SAMIR GENERAL GROUP SERVICES INC		ĪΑς ;
(Name of Corporati	tion as currently filed with the Florida Dept. of State	A ()
P17000086759		
(Docum	ment Number of Corporation (if known)	SSEE
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the	C Replication of the control of the
A. If amending name, enter the new name of the c	Corporation:	iii. ADA
SE GENERAL GROUP SERVICES INC		The new
"Inc.," or Co.," or the designation "Corp," "Inc. "chartered." "professional association," or the abbro		hreviation "Corp"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS ADDRES		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)	
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:	
Name of New Registered Agent		
·	(Florida street address)	
	,	
New Registered Office Address:	(City) Florida	(Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the p	oxition.
Sign	nature of New Registered Agent, if changing	
	·	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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 Romove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) Change	P	ENNA DIEPPA	2141 SW 1 ST STE 110		
X Add			MIAMI, FL 33135		
Remove					
2) Change	P	SAMIR RAMDANI	2141 SW 1 ST STE 110		
Add			MIAMI, FL 33135		
X Remove 3) Change	VP	SAMIR RAMDANI	2141 SW 1 ST STE 110		
X Add			MIAMI, FL 33135		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Nov. 22: 2021 1:37PM The date of each amendment(s) adop	11/22/2021 fion:	No. 0953	P. ?	he
date this document was signed. 11/22/20 Effective date <u>if applicable</u> :	021			
	(no more than 90 days after amendme	ni file dase)		
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing rament of State's records.	requirements, this date will not	be listed as th	he
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors with	nout shareholder action and shar	reholder	
The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votes east lent for approval.	: for the amendment(s)		
☐ The amendment(s) was/were approve must be separately provided for each	ed by the sharcholders through voting groups. I h voting group entitled to vote separately on the	The following statement tumendment(s):		
"The number of votes cast for	the amendment(s) was/were sufficient for appro-	val 🔻	υ: ∼ 2	
by	(voting group)		20 21 2	
11/22/2021 Dated	(voling group)	ASSEE	2021 NOV 22 AH 9: 30 Secretary of State	=
selected, by	or, president or other officer - if directors or officer an incorporator - if in the hands of a receiver, induciary by that fiduciary)	incera mayor more peetr	30 11:	
EN	NA DIEPPA			
	(Typed or printed name of person signing	g)	_ .	
PR	ESIDENT			
	(Title of person signing)	***************************************		