# P17000089379

(Req	uestor's Name)			
(Address)				
(Add	lress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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### COVER LETTER

TO: Amendment Section Division of Corpo					
NAME OF CORPOR	ATION: SOUTH FLORID	A GRAVER CORP			
	ER: P17000089379				
The enclosed Articles of	of Amendment and fee are st	ibmitted for filing.			
Please return all corresp	pondence concerning this ma	itter to the following:			
	MA	IRELY DUARTE RIEUM	ONT		
	Name of Contact Person				
-		Firm/ Company			
	2155 W 52 ST 204				
		Address			
		HIALFAH, FLORIDA 33	U[6		
		City State and Zip Cod	ie		
		ELLANTONIO83@GMAI			
	E-mail address; (to be u	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
MAIRELY I	DUARTE RIEUMONT	432	234-0693		
Name o	Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;		
S35 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)		
Mailing Address			<u>Address</u>		
Amendment Section Division of Corporations		Amendment Section			
P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, Fl. 32314		2661 Executive Center Circle			
		Tallahassee, FL 32301			

#### Articles of Amendment to Articles of Incorporation

οf

#### SOUTH FLORIDA GRAVER CORP

## (Name of Corporation as currently filed with the Florida Dept. of State) P17000089379 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company" or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P A " B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

(Zip Code)

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. It an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTO

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: <u>X</u> Change	PT Jol	hn <u>Doe</u>			
X Remove	<u>V</u> <u>M</u>	Mike Jones			
X Add	<u>sv</u> <u>s</u> a	<u>Sally Smith</u>			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	V	ANTONIO MARTELL	2155 W 52ND ST APT 204		
X Add	<del></del>		HIALEAH, FLORIDA 33016		
Remove					
21 Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change Add					
Remove			·		
5)Change					
Add					
Remove					
6) Change					
. <u> </u>					
Remove					

E. If amending or adding additional Articles, enter change(s) here. (Attach additional sheets, if necessary). (Be specific)
I WOULD LIKE FOR THE EIN TO BE ALSO ADDED.
EMPLOYER IDENTIFICATION NUMBER: 82-3359766
<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself;  (if not applicable, indicate N/A)
(i) not appreciate, marcate (974)

		02/27/2019	
The date of each amendment(s) ad date this document was signed.	option:	•	, if other than the
42 no. 22		02/27/2019	
Effective date <u>if applicable</u> :	no more than 9	10 days after amendment file	dater
	lock does not meet the applic		ements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was were ado by the shareholders was were suf	pted by the shareholders. The fficient for approval.	e number of votes cast for th	e amendment(s)
☐ The amendment(s) was/were approvided for a			
"The number of votes east t	for the amendment(s) was/wer	re sufficient for approval	
by	(voting group)		
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors	without shareholder action	and shareholder
The amendment(s) was/were adopaction was not required.	pted by the incorporators with	iour shareholder action and s	shareholder
Dated			
selected	Fred	ic hands of a receiver, trusted  the last trusted in the last trus	:, or other court
	(Title)	of person signing)	