# P15000011362

(Re	questor's Name)	
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(Do	ocument Number)	)
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Amend

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### **COVER LETTER**

TO: Amendment Section

Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	RATION:SA-12	AHZU CONFE	ctions, Inc			
DOCUMENT NUMBER: P18000017362						
The enclosed Articles	of Amendment and fee are su	abmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	SAT	RAH LUCIA	TAFUR			
		Name of Contact Person	)			
Firm/ Company						
	780 NE 69th ST Apt 1104 Address Miani FC 33138					
	City/ State and Zip Code					
	In for $0 \le 0$	arahly confessed for future annual report	ctions. com			
For further information concerning this matter, please call:						
Sprah	Lucia TARUI	2 at 786	562-8208			
Sprah Lucia TARUR at (786), 562-8208  Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department 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)			
	ing Address ndment Section		Address ment Section			

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment

## Articles of Incorporation of

01	- (
SARALU CONF	ections Inc
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 180000 17	362
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	$N/\alpha$
name must be distinguishable and contain the word "corporation, "Corp" "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	P   x
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	DIB OCT 18
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	DID 3
(Florida stree	t address)
New Registered Office Address:	, Florida
(C	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Rec	vistered Avent, 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: XChange	<u>PT</u>	John D	<u>oe</u>			
X Remove	<u>V</u>	Mike Jo	ones			
X Add	<u>SV</u>	Sally S	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		Name		بر	Address
1) Change	VP	_	YAGOOA	Berns	TAFUE	780 NE 69 st
<u></u> ∧dd	v					Apt 1104 Mignife 30136
Remove						Mignife 3313
2) Change		_		·		
Add						
Remove						
3 ) Change						
Add						
Remove						
4) Change	**	_				
Add						
Remove						
5) Change		_		•		
Add						
Remove						
6) Change		_				
Add						
Remove						

Attach additional sheets, if necessary).	(Be specific)		
		<del></del>	
			<u> </u>
<del></del>			<del></del>
·			
		<del></del> -	
	<u> </u>		
an amendment provides for an exch	ange, reclassification, or	cancellation of issued sh	ares.
orovisions for implementing the amer (if not applicable, indicate N/A)	idment if not contained is	n the amendment itself:	
(у пов аррисаоле, такие вля)			
			·
		<del>~~~~</del>	

The date of each amendment(s) adoption:	08/0	01/2018	, if other than
	08/5	1	
Effective date <u>if applicable</u> :	more than 90 days afte	r amendment file date)	
Note: If the date inserted in this block does not med document's effective date on the Department of State's		ory filing requirements, this	s date will not be listed as
Adoption of Amendment(s) (CHECK	ONE)		
☐ The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approve		f votes east for the amendme	ent(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group			ement
"The number of votes cast for the amendment	t(s) was/were sufficient	t for approval	
by		· · · · · · · · · · · · · · · · · · ·	
(voting gre	оир)		
The amendment(s) was/were adopted by the board action was not required.	of directors without sha	archolder action and sharely	older
The amendment(s) was/were adopted by the incorporation was not required.	orators without sharche	older action and shareholder	
Dated 10/15/2-0	816		
Signature			
(By a director, president o	or – if in the hands of a	ctors or officers have not be a receiver, trustee, or other c	
5.	ASA L	escia TAGN 12 rson signing)	_
(Typed	or printed name of per	rson signing)	
	Presi	det.	
	(Title of person si	oning)	<del></del>

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