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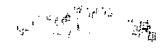
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Semon Cake Designs By Silvia, Corp					
DOCUMENT NUMBI	er: <u>P1800D01814</u>	3			
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corresp	ondence concerning this ma	tter to the following:			
-	Silva L. (
Semog Cake Designs By Silvia, Corp.					
9326 NW 2 nd Avenue					
		Address			
_	Miami Shore	26, FL 33150	<u> </u>		
SIOS 2001 Chofmail. com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Silvia L.	Gaspari	at (_ 78 6 _	246-6090		
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)		
Mailing Address Amendment Section Amendment Section Amendment Section					

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

Articles of Incorporation



2018 APR - 4 精髓等

(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

	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>SSS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi Name of New Registered Agent	office address in Florida, enter the name of the ce address: Only the last name of the las
9326 N	W 2nd Ave. Migni Shores, FL 33150 (Florida street address)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Isamending 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 D	Joe	
X Remove	¥	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
i) X Change	P	_	Silvia L. Gaspari	9326 NW 2rd Ave.
Add			•	9326 NW 2 rd Ave. Miami Shores, FL 33150
Remove				
2) Change	P	_	Silvia Olivera	9326 NW 2nd Ave.
Add				Miami Shores, FL 33150
X Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding	additional Articles, e	enter change(s) he	<u>re</u> :		
(Attach additional sheet	s, ij necessaryi). (Be	specific)			
·	No cha	nae		<u> </u>	
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F. If an amendment prov	ides for an exchange	reclassification o	r cancellation of i	scuad charas	
provisions for implen	nenting the amendmen	nt if not contained	in the amendmen	t itself:	
(if not applicable,		_			
	No Chi	ange			
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The date of each amendment(s) ado date this document was signed.	ption: NO Change	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement artment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the ame	endment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and sh	nareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareh	nolder
DatedMar	ch 12, 2018	
selected	ctor, president or other officer – if directors or officers have reby an incorporator – if in the hands of a receiver, trustee, or officers by that fiduciary)	
_	Silvia L. Gaspari	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	