## P18 000047278

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF COR	RPORATION: SANTINOVA'S IN	С			
DOCUMENT N	UMBER: P18000047278				
	icles of Amendment and fee are sub	omitted for filing.			
Please return all c	correspondence concerning this mat	ter to the following:			
	JOSE CARLOS ELIAS CASA	ANOVA			
		Name of Contact Persor	1		
	SANTINOVA'S INC				
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company			
	8305 HAMMOCKS BLVD APT 5312				
		Address			
	MIAMI FL 33193				
	<del></del>	City/ State and Zip Code	c		
	SANTINOVAS.INC@GMAI	L.COM			
	<del>-</del>	ed for future annual report	notification)		
	nation concerning this matter, pleas	205	316-9908		
N	ame of Contact Person	at (305 ) 316-9908  Area Code & Daytime Telephone Number			
Enclosed is a che	ck for the following amount made p				
\$35 Filing Fe	ce □S43.75 Filing Fee & Certificate of Status	■S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The C	Address  Iment Section  In of Corporations  entre of Tallahassee  N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SANTINOVA'S INC					
(Name of Corporation as current	tly filed with the Florida Dept. of State)				
P18000047278					
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation:					
	The new				
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word				
B. Enter new principal office address, if applicable:	8305 HAMMOCKS BLVD				
(Principal office address MUST BE A STREET ADDRESS)	APT 5312				
	MIAMI FL 33193				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8305 HAMMOCKS BLVD				
	APT 5312				
	MIAMI FL 33193				
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address  Name of New Registered Agent					
tFlorida s	treet address)				
New Registered Office Address:	, Florida (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian					
	2021				
Signature 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.				

(Asset to 1	ng or adding additional	Articles, enter c	hange(s) here:			
(Attach ada	litional sheets, if necessa	iry). (Be specifi	(C)			
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: If an amou	idment provides for an	arahansa raala	oiGastian an asa	سيسمئك حمتهماليم	Lukanna	
provision	s for implementing the	amendment if n	ot contained in th	ie amendment itse	elf:	
(if no	s for implementing the tapplicable, indicate N/2	A)			<del></del>	
			_			_

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:

(Anach 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>	Name	<u>Addres</u> s
1) Change	T	DAYANA ELIAS CASANOVA	8425 HAMMOCKS BLVD
XX Add	-		APT 3303
Remove			MIAMI FL 33193
2) Change	S	ORELBYS DAVID GARCIA	8425 HAMMOCKS BLVD
XX Add			APT 3303
Remove Change			MIAMI FL 33193
Add			
Remove			
4) Change	<del></del> :-		
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			·

	01/01/2021	
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
01/0 Effective date <u>if applicable</u> :	1/2021	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Do	lock does not meet the applicable statutory filing requirement partment 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 add action was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the am ifficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
01/01/2021 Dated		
Signature	^	
(By a'd selecte	irector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or used fiduciary by that fiduciary)	
	JOSE CARLOS ELIAS CASANOVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	