## P18000048176

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## CORPORATE ACCESS, \_\_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	CERTIFIED COPY		## 11: 2:1
жх	CUS	GOOD STANDING	
хx	FILING	AMENDMENTS	
-	SANDER MESON, INC		<del>,</del>
-			
•	(CORPORATE NAME AND DO	CUMENT#)	
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PECIAL NSTRUG	_ CTIONS:		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SANDER MESON, INC. P18000048176 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID M SCHEINMAN Name of Contact Person DAVID M SCHEINMAN CPA PA Firm/ Company 11919 OAKLEAF DR Address **DAVIE, FL 33330** City/ State and Zip Code DAVID@DMSCPA.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID M SCHEINMAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



SANDER MESON, INC.

(Name of Corporation as curren	ttly filed with the Florida Dept. of State)
P18000048176	
	of Corporation (if known)
	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1519 NW 82ND AVENUE
(Principal office address MUST BE A STREET ADDRESS)	DORAL , FL 33126
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1519 NW 82ND AVENUE
	DORAL, FL 33126
<ul> <li>If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre</li> </ul>	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(vair)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	u: with and accept the obligations of the position.
Signature of New	Registered Agent, 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.

X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change	PRES	ANDERS RUTH	1519 NW 82ND AVENUE
X Add			DORAL, FL 33126
Remove			
2) Change	VP	ULKF ISACSON	1519 NW 82ND AVENUE
<b>X</b> Add			DORAL, FL 33126
Remove			
3 ) Change	TR	MARIA ROOS ROSEN	1519 NW 82ND AVENUE
_X Add			DORAL, FL 33126
Remove			<del></del>
4) Change	SEC	JENNY BEHRAMI	1519 NW 82ND AVENUE
<u></u> ★ Add			DORAL, FL 33126
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment provides for an exchang provisions for implementing the amendn	nent if not co	ontained in	the amend	dment itself	<u>f:</u>	
(if not applicable, indicate N/A)						
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The date of each amendment(s) adoption:	, if other than the
ate this document was signed.	
Offective date if applicable:	
(no more than 90 days after amenament file aute)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da locument's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) ( <u>CHECK_ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment( by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
JUNE 12, 2018	
Dated	
Si ventura di Constanti di Cons	
Signature  (By a director, president or other officer – if directors or officers have not been	- <del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other cou	ırt
appointed fiduciary by that fiduciary)	
DAVID M SCHEINMAN	
(Typed or printed name of person signing)	
DIRECTOR / INCORPORATOR	
(Title of person signing)	