P14 0000 69153

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2021 NOV 12 AM II: 15
SECRETARY OF STALL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: SIERRA'S #1 COR	PORATION			
DOCUMENT NUMBI	ER: P18000069153	<u></u>			
	f Amendment and fee are sul	bmitted for filing.	,		
Please return all corresp	ondence concerning this mat	tter to the following:			
1	OSEPH B. RYAN III, ESQ.				
-	Name of Contact Person				
1	JOSEPH B. RYAN III, P.A.				
		Firm/ Company			
8	925 S.W. 148TH ST, SUITE	E 200			
_	Address				
F	PALMETTO BAY, FL 33176				
_		City/ State and Zip Code			
Į	JBRYANLAW@GMAIL.COM				
_	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
JOSEPH B. RYAN III,	ESQ.	at (305	444-4949		
Name of	Contact Person		ie & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)		
Malling Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

SIERRA'S #1 CORPORATION

2021 NOV 12 AM 11: 15

(Name o	of Corporation as curren	tly filed with the Florida Dept	L of State RETARY OF STATE	
P18000069153			TALL AHASSEE, FLUE	
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation ac	iopts the following amendment(s) t	
A. If amending name, enter the new n	ame of the corporation:		7h	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation n	or the abbreviation "Corp.," ame must contain the word	
B. Enter new principal office address.		8925 S.W. 148TH STREE	T, SUITE 200	
(Principal office address MUST BE A S		PALMETTO BAY, FLOR	UDA 33176	
C. Enter new mailing address, if appl		8925 S.W. 148TH STREET, SUITE 200		
(Mailing address MAY BE A POST	OFFICE BOX)	PALMETTO BAY, FLOR		
D. If amending the registered agent as new registered agent and/or the new Name of New Registered Agent	nd/or registered office ad w registered office addre	dress in Florida, enter the nar ss:	ne of the	
				
	(Florida :	treet address)	•	
New Registered Office Address:	8925 S.W. 148TH STREET, #200, PALMETTO BAY		, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis	thanging Registered Age tered agent. I am familia	nt: r with and accept the obligation	is of the position.	
	Signature of New	Registered Agent, if changing		
Check if applicable The amendment(s) is/are being filed p	oursuant to s. 607.0120 (1)	(e), F.S.		

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)

Example:

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	<u>PT</u>	John Doe	
X Remove	Ā	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	-		
Add			
Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional Articonal sheets, if necessary).	(Be specific)			
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	nent provides for an exch	ange, reclassifica	tion, or cancellation	on of issued shares.	ı
an amendi	or implementing the ame	ndment if not cor	tained in the ame	ndment itself:	
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The date of each amendment(s) as	loption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date	·
	(no more than 90 days after amenament file date	<i>:)</i>
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the ar afficient for approval.	mendment(s)
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	ing statement ent(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
OCTOBER Dated Signature	27, 2021	
(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 ted fiduciary by that fiduciary)	e not been other court
apponi	ISMAEL GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	