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T. LEMIEUX



COVER LETTER

Division of Corporations
NAME OF CORPORATION: SUY) HOLL BOTHE PA
DOCUMENT NUMBER: \$180000 90080
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Samanina Kirch
Mame of Contact Person Name of Contact Person Frank PA
4450 Birita Brain Rd #3
Address RYING SPAGS FL 34134 Tity/State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samontha viran at (239) 908-1558 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 Sectificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Charact Address

TO: Amendment Section

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

FILED

Articles of Amendment

1	to Articles of Incorporation	209 DEC 10 P 全 33
Sam ka	y Real Esta	ite P.M.
(Name of Corporation	or as currently filed with the Flo	rida Dept. of State
P18	0000900	28D
	nent Number of Corporation (if kno	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Prolit Corp</i>	cration adopts the following amendment(s)
A. If amending name, enter the new name of the contain the work name must be distinguishable and contain the work "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	d "corporation," "company," or ""Inc," or "Co". A professione	The newThe new incorporated" or the abbreviation all corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	E DRESS)	
C. Enter new mailing address if sonlicable: (Mailing address MAY BE A POST OFFICE BO	NIA	
D. If amending the registered agent and/or register new registered agent and/or the new registered Name of New Penistered Agent	red office address in Florida, ente office address	r the name of the
	(Florida street address)	40.00
Almos David share and Offices Andrews		. Florida
New Peoistered Office Address	(City)	(ZIp Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	elstered Agent: I amfamiliar with and accept the	obligations of the position.
Son	nature of Naw Renistered Ament if	temim

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 sheats, 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; TP= 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	PI	John De	Q\$	
X Remove	¥	Mike Jo	ones	
_X Add	<u>sv</u>	Sally Si	mith .	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
				· · · · · · · · · · · · · · · · · · ·
Remove				
5) Change		_	PR	
Add				
Remove				
6) Change		_		
Add				14
Remove				

I an amendment or ovides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	
I an amendment or ovides for an exchange, reclassification, or cancellation of issued shares providing to implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	
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WIFT	

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:	CO March (Hodge)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this da partment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(sficient for approval.	s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statems 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	н	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholde	a
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	Imantha Micco	
Signature <u>/) j</u> (By a d	irector, president or other officer - if directors or officers have not been	
selecte	d, by an incorporator - if in the hands of a receiver, trustee, or other cour	rt
appoin	ted fiduciary by that fiduciary)	
	Vimanina Kirch	
	(Typed or printed name of person signing)	
	president	
	(Title of person signing)	