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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	ORPORA	TION: SAM COWAN CO	RP	
		R: P19000007923		
		Amendment and fee are sub	bmitted for filing.	
Please return al	ll correspo	ondence concerning this mat	tter to the following:	
	Sa	AMUEL COWAN SAAVE	DRA	
	_		Name of Contact Person	1
	Si	AM COWAN CORP		
			Firm/ Company	
	30	6 CANTON AVE		
			Address	
	L	EHIGH ACRES, FL 33936		
			City/ State and Zip Cod	e
	N	GYAIMA@GMAIL.COM		
	_	E-mail address: (to be us	sed for future annual report	notification)
For further info		oncerning this matter, pleas	se call:	273-1336
	Name of	Contact Person		de & Daytime Telephone Number
		he following amount made p	payable to the Florida Depa	artment of State;
■ \$35 Filing	Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

SAM COWAN CORP

	·, -
(Name of Corporation as currently filed with the Florida Dept. of State)	C.
P19000007923	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ing amendmei
A. If amending name, enter the new name of the corporation:	
	The _new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must con- "chartered," "professional association," or the abbreviation "P.A."	tion "Corp.," ain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	_
New Registered Office Address: Florida	
	ip Code)
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 positio	1.
Signature of New Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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 Doc 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> 141</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	SAMUEL COWAN SAAVEDRA	306 CANTON AVE
Add			LEHIGH ACRES, FL 33936
X Remove 2) Change	V	SAMUEL COWAN SAAVEDRA	306 CANTON AVE
X Add			LEHIGH ACRES, FL 33936
Remove 3) Change	v	LEIDIANY PRIETO SIMON	306 CANTON AVE
Add			LEHIGH ACRES, FL 33936
X Remove 4) Change	ا 	LEIDIANY PRIETO SIMON	306 CANTON AVE
X Add			LEHIGH ACRES, FL 33936
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

(Attach a	ding or adding additional Articles, enter change(s) here: idditional sheets, if necessary). (Be specific)	
'A		
		
		<u> </u>
If an an	nendment provides for an exchange, reclassification, or cancellation of issued shares,	
<u>provisi</u>	ions for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)	
/A	The state of the s	
		

.

•	06/24/2022	
The date of each amendment(s) a	ndoption:	, if other than the
date this document was signed.	3.1/2022	
Effective date if applicable:	24/2022	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date widepartment of State's records.	II not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adaction was not required.	lopted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	T. 73
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	2022 JUL 20 PH 6: 2
by 2		JUL -
	(voting group)	20
		-
06/24/202 Dated	2	
<u></u>	Va _0	6: 2 CRM
Signature	tuat	\$
(Bya) seleti	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	SAMUEL COWAN SAAVEDRA	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	

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