P19000028123

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Amend

MAY - 4 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SATIBA TENT	SERVICES, INC
DOCUMENT NUMBER: P19000028123	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this i	matter to the following:
URRIBARRI, JAIME	
	Name of Contact Person
	Firm/ Company
2824 KIRK RD	
-	Address
LAKE WORTH, FL 3346	1
	City/ State and Zip Code
NUEVAERA@COMCAST.NE	r
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
URRIBARRI, JAIME	at (305 300-3467
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	le payable to the Florida Department of State:
■ \$35 Filing Fee & Certificate of Status	
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

SATIRA	TENT	SERVICES	INC

(Name o	of Corporation as currently	filed with the Florida Dept.	of State)		
P19000028123					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	ilorida Profit Corporation add	pts the followin	g amendn	ient(s) t
A. If amending name, enter the new na	ime of the corporation:				
				The ne	w
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporat		_ bbreviatio	111
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			·		
ir rincipal office address <u>savor sagras</u>	, , , , , , , , , , , , , , , , , , ,				
C. Enter new mailing address, if appli	cable:				
(Mailing address MAY BE A POST)				- 22	
				و 	· i
				::3 ::>)	
D. If amending the registered agent an	d/or registered office addre	er in Florida, onton the name	of the		1 1
new registered agent and/or the nev		55 In Plottua, enter the name	. o <u>r the</u>	=	C
Name of New Registered Agent	URRIBARRI, JAIME			<u>۔</u>	
	2824 KIRK RD		•	ب_	
	(Florida stree	et address)		-	
New Registered Office Address:	LAKE WORTH		Florida 33461		
	((City)		Code)	
	·	•	, - ,	,	
New Registered Agent's Signature, if c	hanging Registered Agent:				
I hereby accept the appointment as regist		th and accept the obligations	of the position.		
	Signature of New Re	gistered 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	URRIBARRI, JAIME	2824 KIRK RD
Add			LAKE WORTH
Remove			FL 33461
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
-	
	<u></u>
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amel	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

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The date of each amendment(s) adoption: $04/16/20/9$ date this document was signed.	
Effective date if applicable: 05/0/2019	if other than th
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da	ite will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s by the shareholders was/were sufficient for approval.)
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment (s)	ut
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
 □ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 	
04/20/2019 Dated	
Signature	
(B) a director president and	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hunds of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed fiduciary by that fiduciary)	
URREBARRE TAPLIE	
(Typed of printed name of person signing)	
- PRESPOENT	
(Title of person signing)	
- - -	

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