P190000 40591

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TO: Amendment Section Division of Corporations

AME OF CORPORATION: SD COWABORATIVE INC. DOCUMENT NUMBER: P19000040591
te enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
PAMITIVO CONDE Name of Contact Person SD COUABORATIVE INC Firm/Company
SD COUABORATIVE INC Firm/Company 11410 N KENDAU DR SOITE 208 Address WIAMI FL. 33176 City/State and Zip Code POSD COUABORATIVE. COM E-mail address: (to be used for future annual report notification)
r further information concerning this matter, please call:
PIUMITIVO CONDE at 305 322-4105 Name of Contact Person Area Code & Daytime Telephone Number
closed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& Certificate of Status Certified Copy (Additional copy is enclosed) \$\Bigcup \\$43.75 Filing Fee \& Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee FL 323142415 N. Monroe Street Suite \$10

Tallahassee, FL 32303

Articles of Amendment

to		
Articles of Inc of		
SD COLLABORATIVE	INC.	د _{ان} - ـ
(Name of Corporation as current	y filed with the Florida Dept. of State)	
D190000 10001	,	٠, ر ج
(Document Number o	f Corporation (if known)	
(EXCORDER FURNOCE)	T COTAGE AND A STATE OF THE STA	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) ti
A. If amending name, enter the new name of the corporation:		The new
name must be distinguishable and contain the word "corporation," "c "Inc,," or Co.," or the designation "Corp," "Inc," or "Co", & "chartered," "professional association," or the abbreviation "P.4,"	A professional corporation name must conta	ion "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	11410 N KENDAU SUITE 208	DR_
	MIA41 Ft. 33	176
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11410 N KENDAU SUITE 208	DR.
	SUITE 208 MIAMI FL. 331	76.
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	ress in Florida, enter the name of the	
Name of New Registered Agent D/A		_
	•	— <u>3176</u> Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar v	<u>:</u>	
υ/A		

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 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> <u>John</u>	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P/D	DUICE CONDE	5933 SW 147 PC MIAMI FI: 33193
Add Remove	2/0		
2) Change	<u>P/</u> D	PRIMITIVO CONDE	SUITE 208
Remove 3) Change	T/S_	PRIMITIVO CONDE	MIAMI FC 33176.
Add Remove			5933 SW 147 PC MIANI FL: 33193
4) Change			
Adđ			
5) Change Add			
Remove			
6) Change Add			
Remove			

(Attach <i>additie</i>	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
•	
	
	
	
If an amonda	nent provides for an exchange, reclassification, or cancellation of issued shares,
provisions fo	or implementing the amendment if not contained in the amendment itself:
(if not af	oplicable, indicate N/A)
ALICEI	5DI SHARES FOR DULCE CONDE
J (R) WC	SUI STARES TOR DALLE COODE
RECLAS	SSIFY 501 SHARES TO PRIMITIVO CONDE
<u> FOR</u>	A TOTAL OF 1000 SHARES

	pption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted action was not required.	ted by the incorporators, or board of directors without share	cholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the a ficient for approval.	mendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amendm	
"The number of votes east for	or the amendment(s) was/were sufficient for approval	
by	<u>, </u>	
	(voting group)	
DatedSignature	7-17.20 Coull	
	ector, president or other officer - if directors or officers hav	
appointe	by an incorporator – if in the hands of a receiver, trustee, of fiduciary by that fiduciary)	r other court
_	PRIMITIVO CONDE (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	DIRECTOR	
•	(Title of person signing)	