P190000 42963

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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON:	SEVA PACKING INC		
DOCUMENT NUMBER:		P19000042963	042963	
The enclosed Articles of An	nendment and fee are su	abmitted for filing.		
Please return all corresponde	ence concerning this ma	atter to the following:		
		ANDREW VATSAN		
	Name of Contact Person Firm/ Company 4343 SW 134TH AVENUE			
-				
	Address			
	DAVIE, FL 33330			
		City/ State and Zip Cod	e	
		drewv30@yahoo.com		
	E-mail address: (to be u	sed for future annual report	notification)	
For further information conc	erning this matter, plea	se call:		
ANDREW VATSAN		at (412)	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	343.75 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SEVA PACKING INC

(Name o	of Corporation as current	ly filed with the Florida De	ept. of State)		
	P190000	042963			
	(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following a	amendmer	nt(s) t
A. If amending name, enter the new name	ame of the corporation:				
A. It amending name, enter the new in	FT. Myers Packi	na Inc			
	<u> </u>	<u> </u>		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation			
B. Enter new principal office address, (Principal office address MUST BE A S					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4343 SW 134TH AV	/ENUE		
-		Davie, FL 33330			
D. If amending the registered agent an new registered agent and/or the new			name of the		
Name of New Registered Agent					
	4343 SW 134TH AVEN	UE			
	(Florida st	reet address)			
V D : 700 - 11	Davie		33330		
New Registered Office Address:		(City)	, Florida(Zip Coc	de)	
			•		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen	<u>ti</u> with and account the ablicati	and aftha maritian		
r nervoy and opi the appennment as regist	erea ugem. Tum jaminar	wan and accept the obligation	ons of the position.	2 5	
<u>_</u>			<u>류</u> *)£C	- · · 1
	Signature of New I	Registered Agent, if changing	₹ 5	. 23	• -
			1.	-	
			Ξ.		٠.

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	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	S	ROBERT VATSAN	4343 SW 13TH AVENUE	
X Add			DAVIE, FL 33330	
Remove 2) Change	Т	SUDA VATSAN	4343 SW 134TH AVENUE	
X Add			DAVIE, FL 33330	
Remove Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
		Page 2 of 4		
E. If amending or addi	ing additi	ional Articles, enter change(s) here:		

(Attach additional sheets, if necessary). (Be specific)

•		
		_ _
		
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F. If an amendment provides for an exchan provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	
		
		
		
	Page 3 of 4	
The date of each amendment(s) adoption: _	, if c	ther than th
date this document was signed.		
Effective date if applicable:		
	(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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast focient for approval.	r the amendment(s)
	ved by the shareholders through voting groups. The ch voting group entitled to vote separately on the an	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		**
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action as	nd shareholder
Dated	12/20/19	
Signature (X)	R D a D	
(By a dire- selected, l	etor, president or other officer – if directors or office by an incorporator – if in the hands of a receiver, true fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	AN
	fres; Deit	
(T	itle of person signing)	