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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

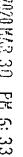




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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SIROD STYLES I	NC	
DOCUMENT NUM	P10000060070		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DORIS ROBLES		
	SIROD STYLES INC	Name of Contact Person	n
	SIROD STITLES INC	1": /C	
	1050 BRICKELL AVE, APT	Firm/ Company 7. 2802	
		Address	
	MIAMI, FLORIDA 33131		
		City/ State and Zip Cod	e
	GEODESIGN@BELLSOUT	H.NET	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	775-9916
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div	ling Address endment Section ision of Corporations . Box 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee

Articles of Amendment to Articles of Incorporation of

SIROD STYLES INC

(Name of Corporation as currently	filed with the Florida Dept. of State)		
P19000060970			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation adopts the follo	wing amendme	ent(s)
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."			•
B. Enter new principal office address, if applicable:		~~~	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		n20	_
		2020 HAR 30	- L
		30	٠
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P	3
		<u> </u>	ر. موسیب
	·		
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the		
Name of New Registered Agent	. <u>. </u>		
(Florida stree	i address)		
New Registered Office Address:			
10	Tiy) (Zip Codei	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the positi	on.	
Signature of New Reg	gistered 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)

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Nume</u>	<u>Addres</u> s
1) Change	V	GEORGE LOPEZ	1050 BRICKELL AVE
X Add			APT. 2802
Remove			MIAMI, FL 33131
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

i. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary), (Be specific)	
	·-
	-
If an amendment provides for an evchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	

.

The date of each amendment(s) adopti date this document was signed.	on:, if other than the
Effective date i <u>f applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departi	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	ne amendment(s) was/were sufficient for approval
by	(voting group)
	coung group)
03/16/2020 Dated	
selected, by	or president or other officer – if directors or officers have not been an incorparator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
DO	RIS ROBLES
	(Typed or printed name of person signing)
PRE	SIDENT
	(Title of person signing)