## P19000062309

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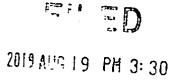
TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	SABABA C	GROUP, INC			
DOCUMENT NUMBER:	P19000062309				
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.			
Please return all correspondence	e concerning this ma	tter to the following:			
	RUBB	Y LEONOR JIMENEZ RO	DJAS		
<del></del>		Name of Contact Person	1		
		SABABA GROUP, INC			
		Firm/ Company			
	100 SE 3RD AVE 10TH FLOOR				
		Address			
	FORT LAUDERDALE, FLORIDA 33394				
	City/ State and Zip Code				
	MAST	ERACCTG@YAHOO.CO	M		
E-n		sed for future annual report			
For further information concern	ning this matter, pleas	se call:			
RUBBY LEONOR JIMENEZ	ROJAS	at (at (	7294181		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	artment of State:		
	43.75 Filing Fee & ertificate 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		Street Address Amendment Section Division of Corporations Clifton Building			
P.O. Box 6327 Tallahassee, FL 32314			xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SABABA GROUP, INC



## (Name of Corporation as currently filed with the Florida Dept. of State)

	1.19000005203	٠, ر٠
(Docum	ent Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpo	pration adopts the following amendmen
A. If amending name, enter the new name of the co	rporation:	
	********	Thenew
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	" "Inc." or "Co". A professiona	"incorporated" or the abbreviation description name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	ν	
D. If amending the registered agent and/or register new registered agent and/or the new registered of		r the name of the
Name of New Registered Agent		
	(Florida street address)	<del>-</del>
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regile I hereby accept the appointment as registered agent.		obligations of the position.
Sione	ature of New Registered Agent if c	hansing

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	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	P	TEL A JIMENEZ ROJAS	48-91 POPPY DRIVE E
Add			GUELPH, ON. NTL OM6 CA
X Remove		·	
2) Change	P	RUBBY L JIMENEZ ROJAS	48-91 POPPY DRIVE E
X Add			GUELPH, ON. NTL 0M6 CA
Remove			,
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			
Remove			

	ding or adding additional Andditional Andditional sheets, if necessary	r). (Be specific)	sjuviv.		
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r. II an ar	nendment provides for an exions for implementing the a	<u>xchange, reclassificati</u> mendment if not cont:	on, or cancellation a ained in the amendr	or issued snares, nent itself:	
provis	not applicable, indicate N/A)	)	· · · · · · · · · · · · · · · · · · ·	<del></del>	
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	08/02/2019	
The date of each amendment(s date this document was signed.	) adoption:	, if other than th
_ (	8/02/2019	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the	is block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amere sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareho	older
08/13/2 Dated	019	
17ated		
Signature	The .	
(By sele	a director, president or other officer – if directors or officers have nected, by an incorporator – if in the hands of a receiver, trustee, or ot ointed fiduciary by that fiduciary)	
	RUBBY L JIMENEZ ROJAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	