P190000 65061

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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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DUE TO RETURNED CHECK

SECRETARY OF STATE OF THE SECRETARY OF CORPORATIONS

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COVER LETTER

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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SABOR STREET CORP						
DOCUMENT NUMBER: P19000065061						
The enclosed <i>Articles of Amendment</i> and fee are submitted for filing.						
Please return all corre	spondence concerning this ma	tter to the following:				
SAUL ESCALONA						
	Name of Contact Person					
		Firm/ Company				
	18245 NW 68 ST APT 622					
	Address					
	HIALEAH FL 33015					
	-	City/ State and Zip Cod	le e			
GUIL	LECONTRERAS14@GMA	II COM				
	-	ed for future annual report	notification)			
	((,			
For further informatio	n concerning this matter, pleas	se call:	;			
SAUL ESCALONA			253 1128			
Name of Contact Person		Area Co	ode & Daytime Telephone Number			
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	□\$43.75 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		Street Address Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301 JOSEP 23 PM 4: 18

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Articles of Amendment to Articles of Incorporation of

filed with the Florida Dept. of State)
Corporation (if known)
orida Profit Corporation adopts the following amendment
The new
" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the A."
10
s in Florida, enter the name of the
Ę
address) 59
, Florida

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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 Doc		
X Remove	<u>V</u>	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) Change	VP	SABOR MOTORS INC	447 NE 195 ST APT 318	
Add			NORTH MIAMI BEACH FL	
X Remove			33179	
X 2) Change	VP	SAUL ESCALONA	18245 NW 68 ST APT 622	
Add			HIALEAH FL 33015	
Remove	Р	EDDY VELAZQUEZ	18245 NW 68 ST APT 622	
3) Change Add	-		HIALEAH FL 33015	
Remove				
4) Change	VP	JORGE FERNANDEZ	18245 NW 68 ST APT 622	
X Add			HIALEAH FL 33015	
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

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	(Be specific)	
	# . **	
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued sha	ires,
	dment if not contained in the amendment itself:	
provisions for implementing the ame		
provisions for implementing the ame (if not applicable, indicate N/A)		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
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 statuto document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	··································
☐ The amendment(s) was/were adopted by the board of directors without sha action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholaction was not required.	lder action and shareholder
Dated 39/19/2019	
Signature (By a director, president or other officer – if direct selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
(Typed or printed name of pers	son signing)
President	
(Title of person sig	gning)