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Special Instructions to F	Filing Officer:	
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## **COVER LETTER**

NAME OF CORPORATION: SACHI ENTERPRISES OF TAMPA BAY PA P1900070165 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company LOMOND LANE FL 33647 City/ State and Zip Code sachisells tampahomes Ogmail com or further information concerning this matter, please call: Deschenes at (813) 586-1229

Area Code & Daytime Telephone Number inclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □\$43.75 Filing Fee & 3 \$35 Filing Fee \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

## **Mailing Address**

**IO:** Amendment Section

**Division of Corporations** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

## Articles of Amendment to Articles of Incorporation of

SACHI ENTERPRISES OF	TAMPA	BAY P.A			
(Name of Corporation	n as currently fi	led with the Floric	la Dept. of State)		
P190000701	165				
(Docume	ent Number of Co	orporation (if know	n)		
'ursuant to the provisions of section 607.1006, Florida S is Articles of Incorporation:	Statutes, this <i>Flo</i>	rida Profit Corpord	ation adopts the follow	ing ame	ndment(s) to
A. If amending name, enter the new name of the cor	poration:				
SACHI DESCHEN	IES P.A			The	new
ame must be distinguishable and contain the word "cor Inc.," or Co.," or the designation "Corp," "Inc," 'chartered," "professional association," or the abbrevi	poration," "com or "Co". A p	ipany," or "incorpo rofessional corport	rated" or the abbrevia ution name must cont	tion "Co ain the	orp.," word
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	RESS )	N A	<del></del>		_
			3. X	2019	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0 .	NA	JESSYHA O ANATAN	DEC -2 I	
			<u>50</u>	PH 2 38	1 <u>0</u>
<ol> <li>If amending the registered agent and/or registere new registered agent and/or the new registered of</li> </ol>		in Florida, enter	the name of the	•	
Name of New Registered Agent	NA	<u> </u>			
	(Florida street	address)			
New Registered Office Address:			, Florida		<u>.</u>
	(Ci	(y)	(Zi <sub>i</sub>	p Code)	
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		and accept the obl	igations of the position	1.	
		71	+		
Signati	ure of New Regi	stered Agent, if cha	nging		

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 <u>V</u> Mike Jones SV  $\underline{X}$  Add Sally Smith Address Type of Action Title Name (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove !) \_\_\_\_ Change Add Remove ) \_\_\_\_ Change \_\_ Add Remove 1 \_\_\_\_ Change \_\_\_ Add Remove Change \_\_\_ Add \_\_ Remove \_\_\_ Change \_\_\_\_ Add

Page 2 of 4

If amending or adding additional Articles, enter change(s) here:
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Attach additional sheets, if necessary). (Be specific)

Remove



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(if not applicable, indicate N/A)	1.0	
	NY	
	Page 3 of 4	
late of each amendment(s) adoption:		, if other than
his document was signed.		
tive date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	

Adoption of Amendment	s) ( <u>CHECK ONE</u> )
	were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of v	otes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
☐ The amendment(s) was, action was not required.	were adopted by the board of directors without shareholder action and shareholder
The amendment(s) was action was not required.  Dated  Signature	11/21/2019
	SACHI DESCHENES (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)

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.