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A. Butler

COVER LETTER

TO: Amendment Section Division of Corporations

ACCESS N. NAME OF CORPORATION:	ATIONWIDE REALT	Y,CORP		
P19000086091				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filin	δ.		
Please return all correspondence concerning t	nis matter to the follow	ving:		
MARIE MICHELLE DESROSIERS				
	(Name of Cor	ntact Person)		
SICATY ENTERTAINMENT, LLC				
	(Firm/ Co	ompany)		
3232 NW 84th Avenue, Apt 328				
	(Addı	ess)		
Sunrise, FL 33351				
	(City/ State ar	nd Zip Code)		
sicatyentertainment@gmail.com				
E-mail address: (to	be used for future ann	ual report notification	n)	
For further information concerning this matte	, please call:			
MARIE MICHELLE DESROSIERS		954 at	829-6349	
(Name of Contac	Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount	made payable to the F	lorida Department of	State:	
□ \$35 Filing Fee ■\$43.75 Filing Certificate of		opy Certi- copy is Certi- (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)	
Mailing Address		Ctt t dd		

Mailing Address

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

Articles of Amendment to Articles of Incorporation

FILED

ACCESS NATIONWIDE REALTY, CORP

2021 11 29 PH 12: 50

		7071 1111 22 11112
Name of Corporation as currently filed with the Flo	rida Dept. of State)	
ACCESS NATIONWIDE REALTY, CORP		SECRETARY OF STAT
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name	orporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
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 <u>MAY BE A POST OFFICE BOX</u>	0	
D. If amending the registered agent and/or registere	ed office address in Florida	, enter the name of the
new registered agent and/or the new registered o		
Name of New Registered Agent:		
New Registered Office Address:	(F	lorida street address)
		Florida
	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		the obligations of the position.
	Signature of New Regist	ered Agent, if changing

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: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP	MARIE MICHELLE DESROSIERS	4959 N State Road 7 Suite A Tamarac, FL 33319
× Remove			
2) Change Add			
Remove 3)Change Add			
Remove			
4) Change Add			
Remove			*******
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
-			
		,	

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		<u>-</u>
		
		<u>.</u>
The date of each amendment(s) adopti date this document was signed.	ion:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departs	loes not meet the applicable statutory filing requirements, this date will not be ment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes east for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated
Signature (By the chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
MARIE MICHELLE DESROSIERS
(Typed or printed name of person signing)
VP
(Title of person signing)