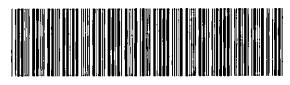
## P2000000 2183

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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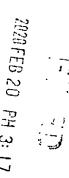


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## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SANTIMARA MARKET, CORP DOCUMENT NUMBER: P20000002183 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NOEMI DIEZ Name of Contact Person SANTIMARA MARKET, CORP Firm/ Company 10295 TAMIAMI TRAIL N UNTI 11-12 Address NAPLES, FL 34108 City/ State and Zip Code NDIEZ@SBCGLOBAL.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (408 ) 966-2104

Area Code & Daytime Telephone Number NOEMI DIEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

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 of

SANTIMARA MARKET CORP

(Name of Corporation	on as currently filed with	the Florida Dept. of State)	
P20000002183			
(Docum	ent Number of Corporatio	n (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Pro	fit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the co	rporation:		
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	or "Co". A profession		
B. Enter new principal office address, if applicable	<u></u>		2
(Principal office address MUST BE A STREET ADD	RESS )		1201
			<del></del>
			- 20 -
C. Enter new mailing address, if applicable:			- -0 :1
(Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u> </u>		<u> </u>
			·
D. If amending the registered agent and/or register new registered agent and/or the new registered of New Registered Agent		da, enter the name of the	
	(Florida street address)		
Mary Bouristons LOW or Allows		The of the	
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I		ept the obligations of the pos	iition.
Signa	ture of New Registered Ag	ent, 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.

Example: X Change	PT	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>Name</u>		<u>Addres</u> s	
1) Change	VP	NARCISO LARA	1	10295 TAMAIMI TRAIL N	_
Add				NAPLES, FL 34108	-
X Remove				_	_
2) Change					-
Add					_
Remove 3) Change					-
Add					-
Remove					-
4) Change		_			_
Add					_
Remove					-
5) Change		<del></del>			_
Add					-
Remove					_
6) Change		_			-
Add					_
Remove					

(Attach <i>additi</i>	or adding additional Articles, enter change(s) here: ional sheets, if necessary). (Be specific)
	···
	<del> </del>
provisions f	ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself: pplicable, indicate N/A)

5.

Cho data of each amandment(c) adaption	02/10/2020 n:	if other than the
late this document was signed.		If other than the
02/10/2020		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment)	file date)
Note: If the date inserted in this block do document's effective date on the Department	nes not meet the applicable statutory filing requit of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors withou	at shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for approval.	r the amendment(s)
	by the shareholders through voting groups. The otting group entitled to vote separately on the an	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by		**
	(voting group)	
02/10/2020 Dated		
Signature	uni Di	
selected, by an	president or other diffeer – if directors or office incorporator – if in the hands of a receiver, trusciary by that fiduciary)	
NOEM	I DIEZ	
	(Typed or printed name of person signing)	
PRESII	DENT	

(Title of person signing)