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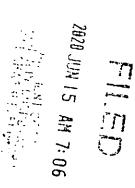
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JUL 22 MM S. YOUNG

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations NAME OF CORPORATION: SAT SRI AKAL, INC. DOCUMENT NUMBER: P20000008432 The enclosed Articles of Amendment and fee are submitted for filing, Please return all correspondence concerning this matter to the following: SILVIO ZUCCARELLI Name of Contact Person STONERIDGE CONSULTING, LLC Firm/ Company 4527 N.W. 51 STREET Address COCONUT CREEK, FL 33073 City/ State and Zip Code SILVIOZ@COMCAST.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SILVIO ZUCCARELLI Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & ☐S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Articles of Amendment to Articles of Incorporation of

SAT SREAKAL, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P20000008432 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _, Florida_ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	<u>PT.</u>	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	DENNIS WILSON	H069 HARBOUR SPRINGS CIR
Add		-	BOCA RATON, FL 33428
X Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)			
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If an amendment provides for an exch	ange, reclassificatio	n, or cancellation o	of issued shares,	
provisions for implementing the amer	ndment if not conta	ined <u>in the amend</u> r	nent itself:	
(if not applicable, indicate N/A)				
				
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production of the second

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The date of each amendment(s) adoption date this document was signed.	otion:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, the timent of State's records.	is date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes east for the amendation for approval.	nent(s)
	ved by the shareholders through voting groups. The following sta th voting group entitled to vote separately on the amendment(s):	stement
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	6/9/20	
Signature	Saus	
	tor, president or other officer - if directors or officers have not by y an incorporator - if in the hands of a receiver, trustee, or other	
	fiduciary by that fiduciary)	
_	STEPHANIE SINGH (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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