P200000009443

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DEC 11 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: STAIRWAY GR	OUP CORP			
DOCUMENT NUMBER: P20000008443				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this n	natter to the following:			
MARCO REIS				
	Name of Contact Person	n		
USA TAX CORPORATIO	N			
•	Firm/ Company			
591 E SAMPLE RD				
	Address			
POMPANO BEACH, FLO	ORIDA 33064			
	City/ State and Zip Cod	c		
USATAX@USATAXFL.C	°OM			
-	used for future annual report	notification)		
		,		
For further information concerning this matter, ple	rase call:			
MARCO REIS	954	788-1818		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount mad	e payable to the Florida Depa	artment of State:		
\$35 Filing Fee	☐ \$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		Address ment Section		
Division of Corporations		m of Corporations		
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	= -	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

ΔTZ	IRWA	Y	GROU	IP	CORP
. חורה	111 ** 7		VIIV()	31	V-1///

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name)	of Corporation as currer	itly filed with the Florida Dep	t. of State)		
P20000008443					
	(Document Number	of Corporation (if known)		 _	_
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation ad	dopts the following	ı amendn	ient(s) t
A. If amending name, enter the new n	ame of the corporation:			The ne	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association."	Corp," "Inc." or "Co".	A professional corporation n		n "Corp., เป็น wor	
B. Enter new principal office address,	if applicable:	3105 NW 107 AVENUE		NO.	4
(Principal office address MUST BE A S	SUITE 400	7	L'3		
		DORAL FL 33172	********	25	1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3105 NW 107 AVENUE		6: 02	الاي _ن ية
		SUITE 400			
		DORAL FL 33172			
D. If amending the registered agent ar new registered agent and/or the new			me of the		
Name of New Registered Agent	ALESSANDRA FERNA	ANDES			
	3105 NW 107 AVENUE	SUITE 400			
		street address)			
New Registered Office Address:	DORAL	(City)	_, Florida		
		(City)	(z.ip C)	(жис)	
New Registered Agent's Signature, if c	hanging Registered Age	<u>nt:</u>			
I hereby accept the appointment as regist	Much	·	s of the position.		
	/ Signature of New	Registered 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	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	P	JULIANAN MUNIZ DE OLIVEIRA	2101 NW 33RD ST
Add			SUITE 1000 A
X Remove			POMPANO BEACH, FL 33069
2) Change	P	ALESSANDRA FERNANDES	3105 NW 107 AVENUE
X Add			SUITE 400
Remove 3) Change			DORAL, FL 33172
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additie	or adding additional Ar onal sheets, if necessary).	(Be specific)			
					
				-	
				188	
					
			<u>.</u>		
· · · · · · · · · · · · · · · · · · ·					
			· · · · · · · · · · · · · · · · · · ·		-
					
fan amendn	nent provides for an exc	hange, reclassifica	ation, or cancellati	on of issued share	es,
provisions fo	or implementing the am	endment if not co	ntained in the ame	ndment itself:	_
(if not ap	pplicable, indicate N/A)				
	. .				
				···-	
					
					<u>-</u>

,

	10/26/2020	
The date of each amendment(s) adoption:	, if other than the
late this document was signed.	0.000.000.00	
l 	0/26/2020	
<u> </u>	(no more than 90 days afte	r amendment file date)
Note: If the date inserted in the document's effective date on the		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of di	rectors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of sufficient for approval.	of votes cast for the amendment(s)
	approved by the shareholders through votin for each voting group entitled to vote separ	
"The number of votes of	ast for the amendment(s) was/were sufficien	nt for approval
by		**
~ <u> </u>	(voting group)	 :
Signature \(\frac{\psi}{\text{(By selection)}}\)	a director, president or other officer – if directed, by an incorporator – if in the hands of	
арр	ointed fiduciary by that fiduciary)	
	JULIANA MUNIZ DE OLIVEIRA	
	(Typed or printed name of po	erson signing)
	PRESIDENT	
	(Title of person signing)	