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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

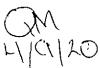




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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Savah Fea	n Enterprises, Inc
DOCUMENT NUMBER: <u>P2000008</u>	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
2704 Indian Roy	Name of Contact Person  Enterprises Firm/ Company  St #6  Address  ks Beach FL 33785  City/ State and Zip Code  enterprises @ gmail. com  d for future annual report notification)
For further information concerning this matter, please	
Sarah Gaborik	at ( 727 ) 432 5228  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p.  S35 Filing Fee   S43.75 Filing Fee & Certificate of Status	ayable to the Florida Department of State:  □\$43.75 Filing Fee & □\$52.50 Filing Fee 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

Savah Tean Enterprise	<	
	filed with the Florida Dept. of State)	
P2 000008894	2	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amenda	ment(s) to
A. If amending name, enter the new name of the corporation:  Coastal Claning Crew name must be distinguishable and contain the word "corporation," "co	The morning or "incorporated" or the abbreviation "Corp	
"Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable:	N/A	_
(Principal office address MUST BE A STREET ADDRESS)	/ N/A	
	NIA	_
C. Enter new mailing address, if applicable:	10	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	_
	NIA	
	NIA	-
	/V/ ¬ 🥞	- ): - ): :
D. If amending the registered agent and/or registered office address		26 95
new registered agent and/or the new registered office address:	. 1 A	
Name of New Registered Agent	1/A ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
N.J.	'/A <b>≅</b>	2 a.c.
tFlorida stre	ti address)	
New Registered Office Address:	<u> </u>	·
, (	CipCode) (ZipCode)	_
None Designation of America Colombia (Colombia)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
/ ^		
Simple of the B	gistered Agent, if changing	
Signature of New Re	кысгеа ядет, у спандиц	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	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.

X Change	<u>PT</u>	John Do	<u>૯</u>	
X Remove	<u>V</u>	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) NA Change		_		
<b>M</b> ∧dd				
<b>M</b> A Remove				
2) A Change		_		
<b>∆∫A</b> Add				
AIIA Remove				
3) MA Change		_		
<u>N∕A</u> Add				
NA Remove				
4) MAChange	***	<del></del>		
N/A ∧dd				
N/A Remove				
5) <u>N/4</u> Change				
<u>N/4</u> ∧dd		_		
N/4 Remove				
ſ				
6) MA Change	-	_		
N/4 Add				
<u>∧/A</u> Remove				

i center adminima ant	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)
_	/
	^ / /
- <u>-</u> -	
<del>.</del>	
<u> </u>	
<u>f an amendment pr</u>	ovides for an exchange, reclassification, or cancellation of issued shares, lementing the amendment if not contained in the amendment itself:
if not applicable)	le, indicate N/A)
Co man approveding	
Xy ma <b>sq</b> qmxxiin	
Cy and Cyprocont	
Ny managamana	
Cy Approxim	
Xy Xyymxxiii	
Cy Cygricum	
Co spyricum	
(y syr/m. (iii)	

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The date of each amondments, adoption		NIA		io ashan shan sha
The date of each amendment(s) adoption date this document was signed.	on:	10 ( 11 -		, if other than the
Effective date <u>if applicable</u> :		NIA		
	(no more t	than 90 days after amend	ment file date)	
<b>Note:</b> If the date inserted in this block document's effective date on the Departm			g requirements, this date v	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE	Ð		
Zi The amendment(s) was/were adopted t action was not required.	by the incorporato	ors, or board of directors w	vithout shareholder action a	and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		rs. The number of votes c	ast for the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each				
"The number of votes cast for the	e amendment(s) w	vas/were sufficient for app	proval	
by	NIA			
	(voting group)			
Dated March 11	<b>*</b>	<del>1020</del>		
Signature	<b>****</b> \$	male (-Tabo	nik_	
(By a director		er officer – if directors or if in the hands of a receive		
	uciary by that fide		ir, trustee, or other court	
<del></del> -	(Typad or pr	rinted name of person sign	ah (zabonik	<u>-</u>
	(Typed of pi	1		
	/*****	All Presion	lent	
	(Title of pers	son signing)		