P20000013344

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Six Nine Eleven, Ir	nc	
	UMBER:		
	icles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	tter to the following:	
	Valdecir de Oliveira Tecchio		
		Name of Contact Persor	1
	Six Nine Eleven, Inc		
		Firm/ Company	
	6735 Conroy Rd, 302	, ,	
		Address	
	Orlando, FL 32835		
		City/ State and Zip Code	a
	sixninceleven@hotmail.com		
		sed for future annual report	notification)
For further inforn Valdecir de Olive	nation concerning this matter, pleasers		3463007426
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fe	ce	□\$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 Division of Corporations P.O. Box 6327 Taltahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Six Nine Eleven, Inc.				
(Name o	of Corporation as current	ly filed with the Florida Dep	t. of State)	
120000013344				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corporation a	dopts the following amendm	ent(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The nev	Ç.
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co".	A professional corporation i		
B. Enter new principal office address,	if applicable;	6735 Conroy Rd, 302	- -3	
(Principal office address MUST BE A S		Orlando, FL 32835	021	*1
				7.9
			2	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)			. 무	الم المستحد
(Matting address MAT BE A POST)	OFFICE BOX)	-	72	الوديب
			<u>.</u>	
				•
D. If amending the registered agent ar new registered agent and/or the new			me of the	
Name of New Registered Agent	Valdecir de Oliveira Tecc	rhio		
And the state of t	9827 Pecky Cypress Way			
		reet address)		
New Registered Office Address:	Orlando		. Florida 32836	
		(City)	(Zip Code)	
N. D. J.				
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ns of the position.	
,	\	, ,		
	A National Control	77		
	Signature of New 1	Registered Agent, 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)

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{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	Debora Brasilina Duarte	9827 Pecky Cypress Way
Add			Orlando, FL 32836
A Remove 2) Change	P	Valdecir de Oliveira Tecchio	9827 Pecky Cypress Way
X Add			Orlando, Fl. 32836
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change Add	-		
Add Remove			
6) Change			
Add	,		
Remove			

ttach additional sheets, if necessary).	(Be specific)
· -	, <u> </u>
	· · · · · · · · · · · · · · · · · · ·
	
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f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
<u>provisions for implementing the am</u>	nendment if not contained in the amendment itself:
(if not applicable, indicase N/A)	
	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	•	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
08/30/203 Dated Signature		
select	director, president or other officer – if directors or officers have not bee ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	Valdecir de Oliveira Tecchio	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	