P200000 21195

(Re	questor's Name))
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to I	Filing Officer:	





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04/03/2.--010:7--008 ++35.00

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SD ALL AC, INC		
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MAGROT WILLIAMS CAR	BALLERO	
		Name of Contact Persor	1
	SD ALL AC, INC		
		Firm/ Company	
	10595 NOAHS CIRCLE SUI	TE 410	
		Address	
	NAPLES, FL 34116		
		City/ State and Zip Code	t
	williamsmagrot@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
MAGROT WILLIAN			529-0577
		at (239	_)
iname	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to

Articles of Incorporation

SD Au Ac, Inc

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

7:31 -5 ... 7:34

Profit Corporation adopts the following amendment(
The new " or "incorporated" or the abbreviation "Corp.,"
" or "incorporated" or the abbreviation "Corp.,"
" or "incorporated" or the abbreviation "Corp.,"
sional corporation name must contain the word
5 NOAHS CIRCLE SUITE 410
LES, FL 34116
E ABOVE
lorida, enter the name of the
<u> </u>
ss)
, Florida (Zip Code)
- 1

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	$\underline{\mathbf{V}}$	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) X Change	P	MAGROT WILLIAMS CABALLER	10595 Noahs Circle Suite 410		
Add			Naples, FL 34116		
Remove					
2) X Change	VP	SEBASTIAN CALVO PIRIR	482 CAROLINA AVE		
Add			FORT MYERS, FL33905		
Remove 3) Change					
Add					
Remove					
4) Change			<u>. </u>		
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

(Attach additional sheets, if necessary	Articles, enter change(s) here: (Be specific)
NONE	, (
	
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F. If an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
NONE	
NONE	

	04/01/2020	
The date of each am- date this document wa	endment(s) adoption:	, if other than the
date this document wa	04/01/2020	
Effective date if appl	licable:	
	(no more than 90 days after amendment file date)	
	erted in this block does not meet the applicable statutory filing requirements, this date wi date on the Department of State's records.	ll not be listed as the
Adoption of Amendi	ment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) action was not requ) was/were adopted by the incorporators, or board of directors without shareholder action an uired.	d shareholder
) was/were adopted by the shareholders. The number of votes cast for the amendment(s) rs was/were sufficient for approval.	
must be separately "The number) was/were approved by the shareholders through voting groups. The following statement by provided for each voting group entitled to vote separately on the amendment(s): To f votes cast for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dat	03/30/2020 led	
Sign	nature	
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
	MAGROT WILLIAMS CABALLERO	
	(Typed or printed name of person signing)	
	PRESIDEN'T	
	(Title of person signing)	