## P20 0000 H2233

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SISTERS BALLO	NS INC						
DOCUMENT NUM	1BER: P20000042233							
	es of Amendment and fee are su	bmitted for filing.						
Please return all corr	respondence concerning this ma	tter to the following:						
	KARLYS Y FAJARDO							
		Name of Contact Persor	1					
	SISTERS BALLONS INC							
		Firm/ Company						
	10052 SW CAPTIVE DR							
	Address							
	PORT ST LUCIE FL 34987							
	City/ State and Zip Code							
	MANGGH@YAHOO.COM	I						
	E-mail address: (to be us	sed for future annual report	notification)					
For further informat	ion concerning this matter, plea	se call:						
KARLYS Y FAJAF	RDO	at ( <sup>786</sup>	de & Daytime Telephone Number					
Name	e of Contact Person	Area Co	de & Daytime Telephone Number					
Enclosed is a check	for 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)					
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

SISTERS BALLONS INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P20000042233	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
N/A name must be distinguishable and contain the word "corporation," "ca" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>
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:  Name of New Registered Agent	ess in Florida, enter the name of the
(Florida stre	et 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 w	ith and accept the obligations of the position.  gistered 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)

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 Jone	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	<u>th</u>	
Type of Action (Check One)	Title	1	<u>Name</u>	<u>Addres</u> s
1) Change	P	<u>.</u> .	KARIUSKA D FAJARDO ORTIZ	17035 SW 96TH ST
X Add			-	MIAMI FL 33196
Remove				
2) Change	P		KARIUSKA D FAJARDO	17035 SW 96T ST
Add				MIAMI FL 33196
X Remove Change		<del></del> -		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change				
Add				_
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an ame	ndment prov	<u>ides for a</u>	n excha	ange, rec	lassifica	tion, or c	ancellatio	n of issue	d shares,		
<u>rovisio</u>	<u>18 for impler</u>	<u>nenting th</u>	ie amen	<u>idment i</u>	f not con	itained in	the amen	dment its	<u>elf:</u>		
(ij ne	ot applicable.	inaicate is	67A)								
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07/02/2020	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amondment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date locument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	,
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
07/02/2020 Dated	
Simplifies Vall E. J.	
Signature Kath Fayardo  (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)	- <del></del>
HARLYS Y FAJARDO	
(Typed or printed name of person signing)	
VICEPRESIDENT	
(Title of person signing)	<del></del>