## P20000056226

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## **COVER LETTER**

TO: Amendment Section* Division of Corporatio	ns	* * * * * * * * * * * * * * * * * * *	. •
NAME OF CORPORATI DOCUMENT NUMBER:	Page	SEUERS 0	1 AMERICA, CORP
The enclosed Articles of Art		hmitted for filing	
Please return all correspond	lence concerning this ma	tter to the following:	
	/W	ARTIN PRI Name of Contact Persor	CE
	LAND Selle	US Of AM	erica, CORP.
	7572 R	REGENCY LA	KE DR #802
<del></del>	BOCA RI	ATON FL  City/ State and Zip Code	33433
_/_	LEAL ESTA E-mail address: (to be us	TE OFACE  sed for future annual report	SO GMAIL.COM
For further information con	cerning this matter, pleas	se call:	
Name of Co	TIN FRICA	at (305 Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

of

(Name of Corpora	tion as furrently filed with the Florida Dept. of State)	ı
(Doct	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florida Profit Corporation</i> adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the	corporation:	
		The new
"Inc.," or Co" or the designation "Corp," "In "chartered," "professional association," or the abb		reviation "Corp.," contain the word
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	ODRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	3OX)	2021
( <u></u>		
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida, enter the name of the	Pil 2: 0°
Name of New Registered Agent		
•••	(Florida street address)	<del></del>
New Registered Office Address:	, Florida_	
Hen registered office running.	(City)	(Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	Registered Agent: t. I am familiar with and accept the obligations of the pe	osition.
	gnature of New 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)

\_ Remove

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 D	<u>oe</u>						
X Remove	<u>V</u>	Mike Jo	ones .						
X Add	<u>sv</u>	Sally S	mit <u>h</u>						
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s			
1) Change	_D_		CRAIG	3 LOUIS	TURTUR	<u>o /</u>	1154	LADIN	0 57
Add					TURTUR	<u>Bo</u>	CA R	ATON,	FL
Remove						3_	342.	8	_
2) Change	·	_	<del></del>						_
Add					J			-	_
Remove 3) Change		_							_
Add									_
Remove									_
4) Change		<del></del>		X	<del>/</del>				<del></del>
Add									_
Remove									_
5) Change		_		<del>/</del>				· -	_
Add							<del></del>		
Remove				1					_
6) Change		_		<del></del>	<del></del>		<del> </del>	<del></del>	
Add									_

	(Be specific)
	****
	·
If an amendment provides for an eyeb	nange reclassification or cancellation of issued shares
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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.. .

to a second of	8/19/2020	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:	8/19/2020	
Effective date in appricable.	(no more than 90 days affer amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
Y The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
Dated	8/19/2029	
Signature	Martin Fre	
	ector president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	MARTIN PRICE (Typed or printed name of person signing)	
-	(Typed or printed name of person signing)	
-	(Title of person signing)  (NCORPORATOR   SHARE HOLD EI	<u>e</u>
	(This of person againg)	