P20000067879

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2022 APR -5 AH 9: 16 SECREPTINE CASE STATE

4 4/24/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SACRED RIT	CES, INC.	
DOCUMENT NUMBE	R: P20000067879)	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Donna Russano	· · · · · · · · · · · · · · · · · · ·	
		Name of Contact Person	1
	W. Kevin Russell	., P.A.	
		Firm/ Company	
_	14295 S. Tamiami	Trail	
_		Address	
	North Port, FL 3	4287	
_		City/ State and Zip Cod-	e
	odinsink@gmail.c	Om	
_		sed for future annual report	notification)
	`	•	,
For further information	concerning this matter, pleas	se call:	
Donna Rus	sano	at (941) 429-1871
Name 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Address
	dment Section		Iment Section
	on of Corporations Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

2022 ADD -

	SACRED RI	TES, INC.	2022 APR -5 AM 9: 16
(Name of Cor	poration as curre	ntly filed with the Florid	
	P2000006	7879	TALL/LIASSEE, FL
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, tl	nis <i>Florida Profit Corpora</i>	tion adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:	1	
N/A			The new
name must be distinguishable and contain the wa "Inc.," or Co.," or the designation "Corp," "chartered." "professional association," or the	"Inc," or "Co".	A professional corpora	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		N/A	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	E CE BOX)	N/A	
D. If amending the registered agent and/or registered agent and/or the new registered agent agen	stered office addi		he name of the
Name of New Registered Agent	N/A		- - -
	(FT)		
	(Florida	street address)	
New Registered Office Address:		(City)	, Florida
		(Cii,)	(Sip Code)
New Registered Agent's Signature, if changion if the Agent's Signature, if changion is the Appointment as registered as the Agent's Agent as registered as the Agent's Signature, if changion is the Agent's Signature, if the Agent			gations of the position.
N/A			
	Signature of Ne	w Registered Agent, if chan	ging
Cheek 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	<u>V</u>	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	PST	Christopher L. Burkett	1528 Haffenberg Avenue			
Add			North Port, FL 34288			
Remove						
2) Change	_VS	Leinaala Sallander	2460 Bartek Place			
Add			North Port, FL 34289			
X Remove 3) Change						
Add						
Remove						
4) Change						
Add			<u> </u>			
Remove			- <u>-</u>			
5) Change		<u> </u>				
Add						
Remove						
6) Change						
Add						
Remove						

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A	N/A	ional sheets, if nece	essary). (Be specific,)		
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N/A		lment provides for	the amendment if no	ification, or cancel t contained in the	llation of issued sha amendment itself:	res,
	provisions	applicable, indicate	maj			
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The date of each amendment(date this document was signed.	s) adoption:N/A	, if other than the
_	27.1	
Effective date <u>if applicable</u> :	N/A (no more than 90 days after amendm	ent file date)
	is block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors wi	thout shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes care sufficient for approval.	st for the amendment(s)
	approved by the shareholders through voting groups. for each voting group entitled to vote separately on the	
"The number of votes	east for the amendment(s) was/were sufficient for appr	roval
byN/A		
	(voting group)	
Dated	Narch 31, 2022	
Signature(By	a director, president or other officer – if directors or o	officers have not been
sel	ected, by an incorporator – if in the hands of a received sointed fiduciary by that fiduciary)	
	Christopher L. Burkett	
	(Typed or printed name of person sign	ing)
	President	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·

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