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SECRETARY OF STATE
TALLAHASSEF

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SITT EMPIRE CO	DRP
DOCUMENT NUMBER: <u>P20000097565</u>	<u> </u>
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
ILAN SANTIAGO SITT	
HAN SANTIAGO SITT	Name of Contact Person
	Firm/ Company
67 NE 50 STREET	
	Address
MIAMI, FLORIDA 33137	City/ State and Zip Code
II.ANSITT@GMAIL.COM E-mail address: (to be u  For further information concerning this matter, plea	sed for future annual report notification)
BLAN SANTIAGO SITT	at (305 ) 742-9815
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  S43.75 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

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SITT EMPIRE CORP			
(Name o	of Corporation as currently	y filed with the france Re	et of State). 21
P20000097565		SERRAM	11 0.34
120000097505	(Document Number of	SECRETA f Corporation (if khown) A	BY OF STATE
	(150044111011111111111111111111111111111	A Corporation (in Mini-E-2A)	MASSEE, FL
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		1
			77
name must be distinguishable and contain	the word "corporation " "c	company " or "incorporated	The new
"Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	1 professional corporation	
B. Enter new principal office address,	if applicable:		1
(Principal office address MUST BE A S		·,-	
			1
			<del></del>
C. Enter new mailing address, if appli	icable:		
(Mailing address MAY BE A POST)	OFFICE BOX)		
			<del></del>
<b>5 16</b> 11 11 11 11 11 11 11 11 11 11 11 11 11	37 1. 1.00		
D. If amending the registered agent ar new registered agent and/or the new			ame of the
new registered agent and or the ne	VICEISTEL CU OTTLE WOLLES	<u>.</u>	
Name of New Registered Agent	ILAN SANTIAGO SITT		
	67 NE 50 STREET		
	(Florida str	eet address)	· · · · · · · · · · · · · · · · · · ·
	<b>,</b>		
New Registered Office Address:		(0)	, Florida <u>33137</u>
		(City)	(Zip Code)
			•
New Registered Agent's Signature, if c I hereby accept the appointment as regist			in a Call a model on
Thereby accept the appointment as regist	erea ageni. 1 am jamiliar v	vun ana accept the obligatu /	ons of the position.
	Mari	<b>X</b>	<b>.</b>
<del></del>			<del></del>
	Signature of New R	egitiered Agent, if changing	3
Check if applicable			
☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11)	(e), F.S.	ļ

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Tq	ILAN S. SITT	67 NE 50 STREET
Add			MIAMI, FL 33137
X Remove			
2) Change	PT	ILAN SANTIAGO SITT	67 NE 50 STREET
X Add			MIAMI, FL 33137
Remove 3) Change			
Add			
Remove			
4) Change			
Add			! 
Remove			
5) Change			<del></del>
Add			1
Remove			•
6) Change			1
Add			·
Remove			<u>.</u>

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	<u> </u>
	<u>.</u>
	[ 
	- <u></u>
	<u></u>
	·
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)	
	_ <u>.</u>
	·
	1
·	

-

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		:
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing recoartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors witho	ut shareholder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for for approval.	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes cast	or the amendment(s) was/were sufficient for approve	al .
by		"
•	(voting group)	-
Dated	23/2021	
Signature	MAXA	
(By a di	ector, president or other officer -if directors or office	
	, by an incorporator - if in the hands of a receiver, tri	ustee, or other court
appoint	ed fiduciary by that fiduciary	
	ILAN SANTIAGO SETT	
	(Typed or printed name of person signing)	
	PRESIDENT	1
	(Title of person signing)	