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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: SITT EMPIRE CO)RP		
DOCUMENT NUMBER: P20000097565			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
ILAN SANTIAGO SITT			
	Name of Contact Persor	1	
	Firm/ Company		
67 NE 50 STREET			
	Address		
MIAMI, FLORIDA 33137			
	City/ State and Zip Code	e	
ILANSITT@GMAIL.COM E-mail address: (to be use) For further information concerning this matter, plea	sed for future annual report	notification)	
Ç .			
ILAN SANTIAGO SITT	at (<u>305</u>) 742-9815	
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 Fec & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

FILED

SITT EMPIRE CORP			
(Name o	of Corporation as curren	tly filed with the larida De	otPEF States
P20000097565		SECRETAR'	OF STATE
	(Document Number	of Corporation (il[kṛlolvii)HA	SSEE, FL
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation :	adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	
B. Enter new principal office address,			
(Principal office address MUST BE A S	TREET ADDRESS)		
C. Enter new mailing address, if appl	icable:		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
		.	1.12
D. If amending the registered agent an	nd/or registered office ad	dress in Florida, enter the na	ame of the
new registered agent and/or the new	w registered office addre	<u>:22</u>	
Name of New Registered Agent	ILAN SANTIAGO SIT		
	67 NE 50 STREET		
		treet address)	
New Registered Office Address:	MIAMI	(City)	, Florida <u>33 137</u> (Zip Code)
		(69)	(114)
New Registered Agent's Signature, if c	hanging Registered Age	nt:	
I hereby accept the appointment as regist			ons of the position.
	1		
	Signature of Nel	Registered Agent, if changing	
Check if applicable			
☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11) (c), 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 Doc	
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>	Address
1) Change	<u>PT</u>	ILAN S. SITT	67 NE 50 STREET
Add			MIAMI, FL 33137
X Remove			A
2) Change	РT	ILAN SANTIAGO SITT	67 NE 50 STREET
X Add			MIAMI, FL 33137
Remove 3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
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)	. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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(if not applicable, indicate N/A)	provisions for implementing the amo	endment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
	•	
	···-	
		
		

The date of each amendment(s) adoption	n:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 da	es after amendment file date)
Note: If the date inserted in this block document's effective date on the Departm	oes not meet the applicable ent of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted baction was not required.	by the incorporators, or boar	d of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficient		nber of votes east for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each t		
"The number of votes cast for the	amendment(s) was/were su	fficient for approval
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
$Dated_3/29/$	221	_
Signature	N. Marine	
(By a director	president of other officer -	if directors or officers have not been
selected, by a	r incorporator – if in the hau uciary by that fiduciary)	ds of a receiver, trustee, or other court
appointed (id	detaily by that fludelary)	
ILAN	SANTIAGO SITT	
	(Typed or printed name	of person signing)
NAVO	INCAPE	
PRES	(Title of nerson signing)

. . .