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J. FASON JUN 2 5 2021

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: SFL LOV DOCUMENT NUMBER: P210000	1995 23131	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
	Firm/ Company Orive Address City/ State and Zip Code G Q G Moll Code and for future annual report	212
For further information concerning this matter, please	se call:	
Name of Contact Person	at (5b1	<u>797-5954</u> de & Daytime Telephone Number
Enclosed is a check for the following amount made: \$35 Filing Fee \$ Certificate of Status	payable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	artment of State: □\$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	Ameno Divisio The C 2415 t	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation

	of	
Name of Corporation as our	rrently filed with the Florida Dept. of State)	
Man Dal	00001111	
(Document Num	iber of Corporation (if known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes,	, this Florida Profit Corporation adopts the follo	wing amendment(s) t
s Articles of Incorporation:		
A. If amending name, enter the new name of the corporatio	<u>)n:</u>	
Same		The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation ".	o". A professional corporation name must con	iation "Corp.," ntain the word
3. Enter new principal office address, if applicable:	Same	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	_580.**	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Samp	
		
		27.
N 16 17 18 14 14 14 14 15 15 14 14 16 16 16 16 16 16 16 16 16 16 16 16 16		<u></u>
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ade 		
		_
Name of New Registered Agent Same		
(Flori	ida street address)	
New Registered Office Address:	, Florida	27
	(City)	Zip Code)
New Registered Agent's Signature, if changing Registered A		
hereby accept the appointment as registered agent. I am fami	mar with and accept the obligations of the position	on.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

Same

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	PT	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>	Address
1) Change	Nb	Emmonuel Concepcion	1421 Blue clover In
Add Remove			Usest falm Beach, FL 33415, US
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Adđ			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
Somp	
· <u></u>	
	
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If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Same	

<u></u>	

The date of each amendment(s) adoption: Same	, if other than the
date this document was signed.	
Effective date if applicable: 4-18-201 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I 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 and action was not required.	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 Nicholds Martel	
(voting group)	
Dated 4-28-2021 Signature	2021 TAY 10
(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)	(1) MH: 27
(Typed or printed name of person signing)	27
President/ceo	
(Title of person signing)	