(3)



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(((H21000211820 3)))



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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SALLY APPLIANCER SERVICE AND REPAIR CORP

Certificate of Status	1
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COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORA	TION: SALLY APPLIAN	ICER SERVICE AND REI	PAIR CORP
DOCUMENT NUMBE	P210000266		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
		ERNESTO MARTINEZ	
		Name of Contact Person	1
_		Firm/ Company	
	· · · · · · · · · · · · · · · · · · ·	1105 WALLACE STREE	T
		Address	
_		ORAL GABLES, FL 3313	34
		City/ State and Zip Code	•
	ERN	ESTO.EMV77@GMAIL.	COM
_	E-mail address: (to be us	ed for future annual report	notification)
For further information c	oncerning this matter, pleas	e call:	
	ERNESTO MARTINEZ	at (305	647-8885 de & Daytime Telephone Number
Name of (Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	ne 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)
Amend Divisio P.O. Bo	g Address iment Section on of Corporations ox 6327 assec, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment Articles of Incorporation

SALLY APPLIA	o ANCER SERVICE AND RI			
		ty filed with the Florida De	ept. of State)	
	P21000026681			
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following an	nendment(s) to
A. If amending name, enter the new 1	name of the corporation:			
SALLY APPLIANCES SERVICE	E AND REPAIR CORP		TH	
name must be distinguishable and contai "Inc.," or Co.," or the designation "chartered," "professional association, B. Enter new principal office address (Principal office address MUST BE A.)	Corp," "Inc," or "Co". " or the abbreviation "P.A. LiCapplicable:	A professional corporation	" or the abbreviation "(e new Corp.," e word
<u> </u>	(I DE COO			
C. Enter new mailing address, if app (Mailing address MAY BE A POST		N/A		12 TALLARY SS
D. <u>If amending the registered agent an</u> new registered agent and/or the ne	nd/or registered office add w registered office address	ress in Florida, enter the ne	nue of the	OF STATE
Name of New Registered Agent	N/A			
	(Florida str	eet address)		
New Registered Office Address: N/A			. Florida	
		(City)	(Zip Code)	
	(Florida str N/A hanging Registered Agent	(City)	(Zip Code)	
	Signature of New R	egistered Agent, if changing		

Check if applicable

 $[\]Box$ 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)

May 26, 2021 19:31 (UTC-04)

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 Do	<u>>¢</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>\$V</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	Address
i) N/A Change		_		
Add				
Remove				 -
2) N/A Change				
Add				
Remove 3) N/A Change				
Add				
Remove				<u> </u>
4) N/A Change		_		
Add				
Remove				
5) N/A Change		_		
Add				
Remove				
6) N/A Change				
Add				
Remove				

	onal sheets, if necessary). (Be specific)
Ά.	
	<u> </u>
If an ame	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself:
provision (if n	oplicable, indicate N/A)
A	
<u>.</u>	

9

The date of each amendment(s) add date this document was signed.	option:, if other than the
03/17	/2021
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 adys differ differialisent file adde)
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 will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adopted action was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s): or the amendment(s) was/were sufficient for approval
100%	
by	(voting group)
	extor, 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 if fiduciary by that fiduciary)
c	RNESTO MARTINEZ
L	
_	(Typed or printed name of person signing)

(Title of person signing)

From: +13055207169 (JOSEFA CASTELLANOS)

To: +18506176380

FLORIDA ARTICLES OF AMENDMENT-SALLY APPLIANCER SERVICES AND REPAIR CORP DOC # P21000026681