P21 0000 41151

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J DENNIS
JUL 22 2021

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: First Saturn Enterprisess, Inc DOCUMENT NUMBER: P21000041151 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William J Ralph Name of Contact Person First Saturn Enterprises, Inc. Firm/ Company 51 SW 11th St #1332 Address Miami, Florda 33130 City/ State and Zip Code wraiph@brllp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (312) 513-6400
Area Code & Daytime Telephone Number William J. Ralph Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & **■**\$43.75 Filing Fee &

Certified Copy

(Additional copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

First Saturn Enterprises, Inc.					
(Name (of Corporation as curre	ntly filed with the Florida De	pt. of State)		
P21000041151					
	(Document Number	r of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation	adopts the following	g ameno	lment(s) t
A. If amending name, enter the new n	ame of the corporation:				
N/A				The i	nzw.
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co" chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	" or the abbreviation name must contain	n "Corj	р.
B. Enter new principal office address, (Principal office address MUST BE A S		51 SW 11th St #1332, M	iami, Fl 33130		
т такция однее виштем <u>том годе Аз</u>	INILI ADDRESS)				_
C. Enter new mailing address, if appl		51 SW 11th St #1332, M	iami, Fl 33130		
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)				
					_
					_
D 18	dia unistand office o	dduses in Florida, antar tha n	ama af tha		
D. If amending the registered agent ar new registered agent and/or the new registered agent and/or the new registered.			anje of the		
Name of New Registered Agent	N/A				
Name of New Registerea Agent				-	
	(Florida	street address)	-	-	
	51 SW 11th St #1332	· ·	33130		
New Registered Office Address:	(City)		, Florida(Zip ('oder	<u> </u>
		(Cility)	(147)		• •
				<u> </u>	
New Registered Agent's Signature, if c	hanging Registered Age	ent:		۱۰۰۸ دمه	
I hereby accept the appointment as regis	tered agent. I am familio	ir with and accept the obligation	ons of the position.		i
				Si 45	
	Signature of New	Registered Agent, if changing	·	- л	

Check 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)

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 = Trustec; 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 Do	<u>oe</u>	
X Remove	V	Mike Jo	nes	
_X Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change		. _		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				**
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
N/A			
			·
			_
 			
F. If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or car	ncellation of issued shares,	
(if not applicable, indicate N/A)	tument it not contained in t	ne amendment usen.	
N/A			
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) a late this document was signed.	adoption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after	amendment file date)
Note: If the date inserted in this locument's effective date on the E		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of dire	ctors without shareholder action and shareholder
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of sufficient for approval.	votes cast for the amendment(s)
	oproved by the shareholders through voting reach voting group entitled to vote separat	
"The number of votes cas	t for the amendment(s) was/were sufficient	for approval
by	(voting group)	······································
select	director, president or other officer – if directed, by an incorporator – if in the hands of a nted fiduciary by that fiduciary) William J. Ralph	receiver, trustee, or other court
	(Typed or printed name of per-	son signing)
	(Title of person signing)	

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS





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Grest Saturnes, Inc.