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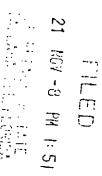
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COVER LETTER

TO: Amendment Section Division of Corporations

SANTA ELENA GROUP, INC. NAME OF CORPORATION:
P21000049356 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maria T. Dur Ray G. Curina
Mania T Dos Deis Fibreira Name of Contact Person
Santa Heleas Glave Inc
Santa Helena Gloup, Inc.
7404 LEIGHSIDEOR.
Address
Windermere, FL 34786
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number
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 Status Status Status Status Status Certificate of Status Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SANTA ELENA GROUP, INC.

P21000049356 (<u>Name of Corporation</u>	as currently filed with the Florida Dept. of State)	
(Docume	nt Number of Corporation (if known)	 -
Pursuant to the provisions of section 607,1006, Florida Sts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following a	imendment(s)
A. If amending name, enter the new name of the corp. N/A	poration:	
ame must be distinguishable and contain the word "corp Inc.," or Co.," or the designation "Corp." "Inc." o chartered," "professional association," or the abbrevio	poration," "company," or "incorporated" or the abbreviation '	he new "Corp" he word
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 22	
		
If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the name of the	D
N/A Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City) Florida(in Code	
	(City) (Zip Code	9
ew Registered Agent's Signature, if changing Registe ereby accept the appointment as registered agent. I am	ered Agent: In familiar with and accept the obligations of the position.	
Sim and	and Vany Duning and Line	
.signature	e of New Registered Agent, if changing	

Check if applicable \square 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 = 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 Doe	
	_		
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	DOS SANTOS DOS REIS, STEFANY J	7404 LEIGHSIDE DR.
Add			WINDERMERE, FL 34786
Remove	VР	DOS SANTOS DOS REIS, EDGAR S	7404 LEIGHSIDE DR.
2) Change Add			WINDERMERE, FL 34786
Remove 3) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tuden adamman sneets, 15)	necessary). (Be specific	C)			
					
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in amendment provides f	for an exchange, reclass	ification, or cance	llation of issued sha	res.	
ovisions for implementin (if not applicable, indica	ig the amendment if no	t contained in the	amendment itself:		
(i) not applicable, mate	ne iviij				

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		·			
					

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
(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 not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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
(voting group)
10/29/2021
Dated
Signature Vivus
(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 thistee, or other court
appointed fiduciary by that fiduciary)
MARIA T DOS REIS FIGUEIRA RIBEIRO
(Typed or printed name of person signing)
P.S
(Title of person signing)

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