P2200030157

(Requestor's Name)
(Áddress)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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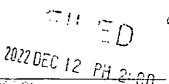
SECRETARY OF

2022 DEC | 2 PH 2: 00_{2022 DF (}

COVER LETTER

TO: Amendment Sect Division of Corp			, *
NAME OF CORPOR	RATION: STROKA INVEST	TMENTS CORP	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	Adriano Leal		
		Name of Contact Persor	1
		Firm/ Company	
	7939 Corkfield Ave		
	Orlando, FL 32832	Address	
		City/ State and Zip Code	2
	adriano@srlconstrutora.com.	•	
	-	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Adriano Leal		at (321	310-0089
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of



STROKA INVESTMENTS CORP	tly filed with the Florida Dent. of State)
(Name of Corporation as current P22000030157	tly filed with the Florida Dept. of.State) (Flance 1997)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	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 "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	7939 Corkfield Ave
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32832
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Plurida e	treet address)
	·
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of Naw	Registered Agent, if changing
	togener on Agent, y enunging
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)

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	<u> 1 Dọc</u>		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
X Add	SV Sall	y Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
I) Change	VP	Adriano Leal	7939 Corkfield Ave	_
X Add			Orlando, FL 32832	_
Remove				-
2) Change				
Add				-
Remove 3) Change				
Add				-
Remove				-
4)Change				
Add				-
Remove				_
5) Change				-
Add				-
Remove				
6) Change				_
Add				
Remove				

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 20 tags tyrer amenament fre date)	
Note: If the date inscrted in this document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ()NE)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	• •
	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
12/12/20		
Dated	DocuSigned by:	
Signature		
(By a selec	director, president or other officer – if directors or officers have r ted, by an incorporator – if in the hands of a receiver, trustee, or o inted fiduciary by that fiduciary)	not been ther court
	Adriano Leal	
	(Typed or printed name of person signing)	
	Vice-President	
	(Title of person signing)	