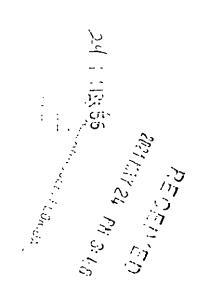
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(Requestor's Name)	
(Address)	
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,	,	
	City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
		
(Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of S	Status
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Special Instructions to	Filing Officer:	
		ľ
		

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: SIERRA RE	SIDENTIAL SERVICES I	NC	
DOCUMENT NUMBER:	P2400001910)4		
The enclosed Articles of An	nendment and fee are su	bmitted for filing.		
Please return all correspond	ence concerning this ma	tter to the following:		
JOSE	ЕРН FUCHECK			
		Name of Contact Person	n	_
SIER	RA RESIDENTIAL SE	RVICES INC		
=	 	Firm/ Company		_
5600	NE 4th Ave (suite 712)	•		
	·	Address		
Mian	ni, Fl. 33137			•
		City/ State and Zip Cod	e	_
resul	shomebuyer@gmail.com	n		• • • • •
	E-mail address: (to be us	sed for future annual report	notification)	
For further information con-	cerning this matter, pleas	se call:		
STEVEN B NORTH		305	761-9591	, ۲
Name of Cor	ntact Person		de & Daytime Telephone Numb	
Enclosed is a check for the	following amount made	payable to the Florida Dep	artment of State:	三 [5]
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fce & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Division of P.O. Box	ent Section of Corporations	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	•

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation of

SIERRA RESIDENTIAL SERVICES INC

(<u>Name</u>		tly filed with the Florida Dept. of State	<u>e</u>)
	P2400001	9104	
	(Document Number	of Corporation (if known)	.,
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this	s Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new r	name of the corporation:		
wanta mara ka disaka mataka kita a ta			The new
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp." "Inc." or "Co".	A professional corporation name mus	breviation "Corp" t contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5600 NE 4th Ave (Suite 712)	
		Miami, FL 33137	
			1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5600 NE 4th Ave (Suite 712)	. 1
		Miami, FL 33137	•
			
			
D. If amending the registered agent as	nd/or registered office add	lress in Florida, enter the name of the	
new registered agent and/or the ne		<u>s:</u>	;
Name of New Registered Agent	Joseph Fucheck		
	(Florida st	reet address)	
New Registered Office Address:	5600 NE 4th Ave (suite 7	12), Miami . Florida	3137
		(City)	(Zip Code)
			. •
New Registered Agent's Signature, if c	hanging Registered Agent	•	
hereby accept the appointment as regist	tered agent. I am familiar	 with and accept the obligations of the po	sition.
	Joseph Fu	hele	
	Signature of New R	egistered Agent, if changing	
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)

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>	Iohn Doc	
X Remove	$\overline{\Lambda}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	STEVEN B NORTH	1230 N F ST
Add			LAKE WORTH, FL 33460
X Remove			•
2) Change	Р	Joseph M. Fucheck	5600 NE 4th Ave (suite 712) .
X Add			Miami, FL 33137
Remove 3) Change	·····		
Add			·
Remove		•	<u> </u>
4) Change			121.1
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
δ) Change			·
Add			
Remove			

•	5/23/2024	
The date of each amendment(s) ado		, if other than the
date this document was signed.		
5/23/2	2024	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	,
Note: If the date inserted in this blod document's effective date on the Depa	ek does not meet the applicable statutory filing requirements, this date will rement of State's records.	l not be listed as ti
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and	l shareholder
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	the amendment(s) was/were sufficient for approval	
Steven B. North		
<u> </u>	(voting group)	
5/23/2024		•
Dated		.t. 4 - t .
	t 1 -	ç *
a: #	are floting	
Signature	7 60 1	
	ctor, president or other officer - if directors or officers have not been	- 13. - 13.
	by an incorporator – if in the hands of a receiver, trustee, or other court	5 5.
appointed	fiduciary by that fiduciary)	
1C	SEPH M. FUCKECK	<u></u>
_	(Typed or printed name of person signing)	`
Pr	esident	
	(Title of person signing)	