

P24000021869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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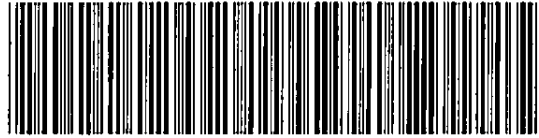
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SUN BLOOD TRIBES CORPORATION

DOCUMENT NUMBER: P24000021887

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TONY D DAVIS JR
Name of Contact Person

SUN BLOOD TRIBES CORPORATION
Firm/ Company

6271 ST AUGUSTINE RD SUITE 47-1819
Address

JACKSONVILLE FL 32217
City/ State and Zip Code

sbtd@sunbloodtribe.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TONY D DAVIS JR at (904) 627-4552
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:

- | | | | |
|------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

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

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

SUN BLOOD TRIBES CORPORATION

P241000021889

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

Witness Acknowledgment

I/We, as witness(es) to the aforementioned claims made by TONY P DAVIS JR and
acknowledge their residency status.

Witness #1 Signature [Signature] Date 6/4/24
Print Name RONITAIRUS DAVIS

Witness #2 Signature [Signature] Date 6/4/24
Print Name Raymond Pwayer Taylor JR

Notary Acknowledgment

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of NEW YORK

County of MONROE

On 6/4/2024, before me, CHADLEY F. CUNNINGHAM, Notary Public, personally appeared

TONY DAVIS who proved to me on the basis of satisfactory evidence to be the
person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me
that he/she/they executed the same in his/her/their authorized capacity(ies), and that by
his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of in the State of NEW YORK
that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Chadley F. Cunningham
Notary Public, State of New York
Reg. No. 01CU6388735
Qualified in Monroe County
My Commission Expires 03/11/2027
Place Notary Seal Above

Signature [Signature]
Print Name CHADLEY F. CUNNINGHAM

The date of each amendment(s) adoption: _____, if other than the 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 the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

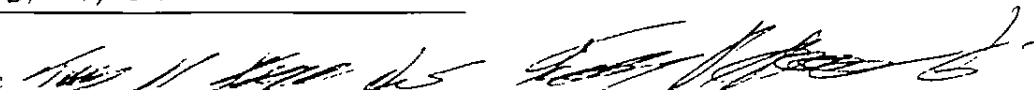
- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ 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 SUN BLOOD TRIBES CORPORATION."
(voting group)

Dated 16/04/201

Signature


(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, trustee, or other court appointed fiduciary by that fiduciary)

TONY P DAVIS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	<u>VP</u>	<u>BONIFANT M DAVIS</u>	<u>6271 ST Augustine rd</u>
<u>Add</u>			<u>Jacksonville FL 32217</u>
<u>Remove</u>			
2) <u>Change</u>	<u>VP</u>	<u>Haymon D Taylor Jr</u>	<u>6271 ST Augustine rd</u>
<u>Add</u>			<u>Jacksonville FL 32217</u>
<u>Remove</u>			
3) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Article IV: All shares will be removed from Bonifarius M Davis and
Raymond D Taylor Jr And Now Give To TONY D Davis Jr and Stephen
T Rodriguez. The Total Amount of shares are 150 shares. The 150 shares
will now have a 50/50 split between TONY D Davis Jr 75 shares
Stephen T. Rodriguez 75 shares

Article V: Need A Update. The name and Florida street address of
the registered Agent is: TONY D. Davis Jr

6271 ST AUGUSTINE RD

SUITE 49-1899

JACKSONVILLE FL- US 32217

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

N/A