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DIVISION OF CONFORATIONS

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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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: **□**\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation

	of	SA TENE
OM Ente	Mrises Inc.	
(Name of Cor	poration as currently filed with the Florida Dept.	of State)
	9000005601	3 ₅
	(Document Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation add	opts the following amendment
. If amending name, enter the new name of	f the corporation:	
	ses Florida Inc.	
	he word "corporation," "company," or "incorpor	The new
Corp.," "Inc.," or Co.," or the designation	"Corp," "Inc," or "Co". A professional corporat	
ord "chartered," "professional association,"	or the abbreviation "P.A."	
. Enter new principal office address, if app		
Principal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u>)	
		-
. Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)	
 If amending the registered agent and/or in new registered agent and/or the new registered. 	egistered office address in Florida, enter the name	e of the
new registered agent and/or the new regi	stered office address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
Joy Degistered Agent's Signature if shangi	ng Dogistanad Agants	
New Registered Agent's Signature, if changing the hereby accept the appointment as registered as the significant control of the s	ng Registered Agent: gent. I am familiar with and accept the obligations	of the position.
		. •
	Signature of New Registered Agent, if changing	

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 Do	<u>e</u>				
X Remove	<u>v</u>	Mike Jos	nes				
<u>X</u> Add	<u>sv</u>	Sally Sm	<u>uith</u>				·
Type of Action (Check One)	Title		Name				Address
1) Change Add	P. G ress	LORN	40 T	trimp	on M	皿.	16856 71st Lane N. Loxahatchee, H
Remove							33470
2) Change		_					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Add							W
Remove							
3) Change		_					
Add							
Remove							
4) Change		_	, , , , , , , , , , , , , , , , , , , 		······································		
Add							
Remove							
5) Change		-				. •	
Add							
Remove							
6) Change	 	_					
Add							
Remove							

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an amendment provides for an exch provisions for implementing the ame	nge, reclassification, o	r cancellation of iss	ued shares,	
(if not applicable, indicate N/A)	ument it not contained	m the amendment	<u>itseii:</u>	
/A				
7 1				
		······································		
				<u></u>
			· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: Sept. 13 2016	
(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 w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
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)	
Quinton M. Gornto III (Typed or printed name of person signing) (Title of control of the contro	
(Title of person signing)	