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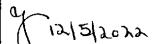
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COVER LETTER

* TO: Amendment Section Division of Corporations

	Sun Palace, Inc.			
NAME OF CORPORATION:				
DOCUMENT NUMBER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Heidi Uuranniemi			
	Name of Contact Person			
	Firm/ Company 76,34 NW 6th Ave.			
	Address Boca Raton, FL 33487			
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	2	
	heidi522@ hotmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Heidi Uuranniemi		561 at (866-3003)	
Name c	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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)	
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Issox 6327 Issassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Sun Palace, Inc.		2022 #110 1 = -
(Name of Corporation as	s currently filed with the Florida D	ept. of State 6 17 PM 3: 05
*>600(x)84402		SECRETA IN HE STATE
(Document	Number of Corporation (if known)	SECRETA IN OF STATE
Pursuant to the provisions of section 607.1006. Florida Statts Articles of Incorporation:	tutes, this Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	"Co". A professional corporation	d" or the abbreviation "Corp.," name must contain the word
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)	
C. Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
O. If amending the registered agent and/or registered onew registered agent and/or the new registered office		name of the
Name of New Registered Agent		
	Florida street address)	
	Timida Sirver adaressy	
New Registered Office Address:	(City)	, Florida <i>(Zip Code)</i>
		,
New Registered Agent's Signature, if changing Register thereby accept the appointment as registered agent. I am		ions of the position.
Signature	of New Registered Agent, if changin	v
	the state of the s	
Theck 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)

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: <u>X</u> Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	like Jones	
<u>X</u> Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	Director	Kalevi Lehikoinen	514 South Palm Way
1) Change			Lake Worth, FL 33460
Add X			
Remove	VP	Aarne Makela	514 South Palm Way
2) Change			Lake Worth, FL 33460
Add Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)	
•	
<u> </u>	
If an amendment provides for an exchange, reclassification, or cancellation of issue	ed shares.
provisions for implementing the amendment if not contained in the amendment its (if not applicable, indicate N/A)	sel <u>f:</u>

.

	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days af	
	(no more than 90 days af	er amendment file dater
Note: If the date inserted in this blo document's effective date on the Dep		atory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adoptaction was not required.	nted by the incorporators, or board of o	lirectors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ited by the shareholders. The number ficient for approval.	of votes cast for the amendment(s)
	oved by the shareholders through voti ach voting group entitled to vote sepa	
"The number of votes cast f	or the amendment(s) was/were suffici	ent for approval
by		
	(voting group)	
August 12, 2	022	
Dated		
Signature	Heidi leve	
	ector, president or other officer – if di by an incorporator – if in the hands o	
	d fiduciary by that fiduciary)	rareceiver, trustee, or other court
	leidi Uuranniemi	
-	(Typed or printed name of p	person signing)
S	ecretary	
-	(Title of person signing)	