P97000096941

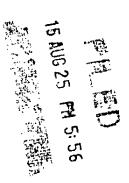
(Requestor's Name)				
(Address)				
(Add	ress)			
(City.	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200275962852

200275962852 08/25/15-01020--006 **35.00



AUG 27 2015 C MCNAIR

COVER LETTER

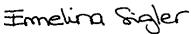
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SAINT JOHNS ALF CORP.

DOCUMENT NUMBER: P97000096941

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

Please return all correspondence concerning this matter to the following



Saint John's DIF Corp.

7580 SW 30th Terrace, Th

Miami, FL 33155 City/ State and Zip Code

SIGIER ENELINA @ YAHOO.COM

E mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Name of Contact Person Sigler at (305) 305-2400
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

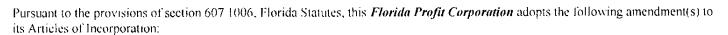
Articles of Incorporation

SAINT JOHNS "ALF CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P97000096941

(Document Number of Corporation (if known)



A. If amending name, enter the new name of the corpora	

NA

The new

name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

NA

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

NA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

. Florida

(City)

(Zıp Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

4 [4

Signature of New Registered Agent, if changing

addre:		er and/or E	Director being added:	de and name of each	officer/director being removed	l and title, name, and
Please P = Pr Execut	note the officer resident: V – Vi tive Officer: CF	r director tite ice Presiden 30 = Chief :	le by the first letter of the 1, T= Treasurer: S= See	retary: D= Director.	; TR= Trustee; C = Chairman o s more than one title, list the fir	
Chang a chan Mike J	es should be no ige, Mike Jones Iones, V as Rem	oted in the fo leaves the c	ollowing manner. Curren		d as the PST and Mike Jones is li These should be noted as John	
Exam X Ch	•	PT	John Doe			
X Re	move	V	Mike Jones			
X A	dd	SV	Sally Smith			
Type of Cheel	of Action (One)	Title	Name		Address	
1)	Change V Remove	Hr.	Gaston ¹	H. Valletti	7580 SW 3C Mami, FC 3	nt Terrace, 33155
2)	Change			1.	40 -	
	Add T Remove	MS.	Natalia Nic	colini 75 Mi	80 SW 30th Tena armi, FL 33155	يرو
3)	Change				,	
	Add					
	Remove					
4)	Change					
	Add					
	Remove					
5)	Change					
	Add					
	Remove					
6)	Change					

 $\operatorname{\mathsf{Add}}$

Remove

· E. If amending or adding additional Arti	icles, enter change(s) here
(Attach additional sheets, if necessary).	
NA	

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)

AIG

•	•	
The date of each amendment(date this document was signed.		, if other than the
Effective date <u>if applicable</u> :	08/1+12015 (no more than 90 days afte	r amendment file date)
	his block does not meet the applicable statut the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of re sufficient for approval.	I votes east for the amendment(s)
· · ·	e approved by the sharcholders through voting d for each voting group entitled to vote separa	· · · · · · · · · · · · · · · · · · ·
"The number of votes	cast for the amendment(s) was/were sufficien	t for approval
by		,,
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareh	older action and shareholder

Signature

By 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 may intend 6 be form by that 6 beginns by appointed fiduciary by that fiduciary)

Emelina Saler
(Typed or printed name of person signing)

Pre sident

(Title of person signing)