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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SAM ESTATE BU	IYER, INC	
DOCUMENT NUM	BER: P99000055048		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	JODI RONEN		
		Name of Contact Persor	
	JG CONSUTLING SERVICE		•
		Firm/ Company	-
	5481 WILES RD STE 502	- , .	
	- 15	Address	
	COCONUT CREEK, FL 330	73	
		City/ State and Zip Code	-
	JODI@ACCU-TAX.TAX		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
JODI RONEN		954 at (	449-9709
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	ertment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SAM ESTATE BUYER, INC		
(Name of Cor	poration as currently filed with the Florida Dept. of State)	
P99000055048		
(1	Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. I its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following	g amendment(
A. If amending name, enter the new name of	f the corporation:	
name must be distinguishable and contain the wo "Inc" or Co" or the designation "Corp," chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbreviatio "Inc," or "Co". A professional corporation name must contain abbreviation "P.A."	_The new n "Corp.," n the word
B. Enter new principal office address, if appl. (Principal office address MUST BE A STREE)		<del></del> -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
	egistered office address in Florida, enter the name of the	
new registered agent and/or the new regist	tered office address:	-1
Name of New Registered Agent		(,
	(Florida street address)	
New Registered Office Address:	City) Florida (Zip C	ode)
	gent. I am familiar with and accept the obligations of the position.	
	Signature of New Registered 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)

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 <math>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	$\overline{\text{b.t.}}$	John Doc	
X Remove	<u>V</u>	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	TOUBIA, GHASSAN	1000 SPANISH RIVER RD
Add			3F
X Remove			BOCA RATON, FL 33432
2) Change	VTD	TOUBIA, GHASSAN	1000 SPANISH RIVER RD
Add			3F
X Remove 3) Change			BOCA RATON, FL 33432
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)	
	<del></del>
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	<u>, , , , , , , , , , , , , , , , , , , </u>
	····
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)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widecument's effective date on the Department of State's records.	II not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
☐ 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)	
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)	
NICHOLAS TOUBIA	_
(Typed or printed name of person signing)	7
(Title of person signing)	1
( • · · · • · · · · · · · · · · · · · ·	- . ^