(Re	equestor's Name)	
(Ac	idress)	
V	····,	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dc	cument Number)	
,	ŕ	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





100249308761

07/05/13--01002--015 **35.00

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: **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 For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to
Articles of Incorporation
of

to

Saal Commercial	Group, Inc.	
(Name of Corporation as currently filed with the Flo		_
NO V294112		
(Document Number of Corporation (if	known)	_ _
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s)
A. If amending name, enter the new name of the corporation:		
NIA		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name musi	abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIF	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address:		3 3 3 3 3 3 3 3 3 3
Name of New Registered Agent Dario J.	Saal	は、海馬
3135 NF 18	94th ST, #2104	温温
(Florida stre	et address)	D. E.
New Registered Office Address: AVENTURA (City)	Florida 33160 (Zip Code)	2 8
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I have familiar we signature of New Registered Agent.	eith and accept the obligations of the position gent, 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 <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	<u>PT</u>	John E	oc	
X Remove	<u>v</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	_	Salvador D. Saal	3135 NE 184th Street
Add Remove				#2104 <u>Avertura</u> , FL 33160
2) X Change	P		Dario J. Saal	
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

. <u>If amei</u> Attach)	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
N/	\wedge	
N/	H	
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		
	•	
,		
	· · · · · · · · · · · · · · · · · · ·	
If an a	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:	
provi	sions for implementing the amendment if not contained in the amendment itself: f not applicable, indicate N/A)	
14		
	N/A	
	l	
 -		

The date of each amendment(s) adoption: June 26, 2013
Effective date if applicable: (no more than 90 days after amendment file date)
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)
(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.
Dated $06/26/2013$
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)
Federico A. Saal (Typed or printed name of person signing)
(Typed or printed name of person signing)
Secretary
(Title of person signing)