P03000015844

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SAAC CORPO	ORATIO	NC		
DOCUMENT NUMI	BER: <u>P03000015844</u>				
The enclosed Articles	of Amendment and fee are sul	bmitted fo	r filing.		
Please return all corre	spondence concerning this mat	tter to the	following	g:	
	SADA	M ALLI	ABAS_		
	(Name of	f Contact 1	Person)		
	SAAC C	ORPOR	RATION		
	(Firm	n/ Compai	ny)		
	15276 SW		RRACE	<u> </u>	
	· · •	Address)			
	MIAMI, F				
	(City/ Sta	ite and Zip	Code)		
	saaccorpor E-mail address: (to be use	ation@y	mail.co	m report notifica	ition)
For further information	n concerning this matter, pleas	e call:			
sadam alli abas		at (_	305		4 ne Telephone Number)
(Name o	of Contact Person)		(Area (Code & Daytin	ne Telephone Number)
Enclosed is a check fo	r the following amount made p	oayable to	the Flori	da Department	of State:
□ \$35 Filing Fee		Certi: (Add:	3.75 Filir fied Copy itional co osed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee FL 32314		Ameno Divisio Clifton	Address Idment Section on of Corporation Building Executive Center	ns

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

SAAC CORPORATION

(Name of Corporation as c	urrently filed w	ith the Fiorida Dept.	oi State)
F	030000158	44	
(Document	Number of Corpo	oration (if known)	
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		atutes, this Florida P	rofit Corporation adopts the following
A. If amending name, enter the new nam	ne of the corpora	ation:	
	N/A		The new
name must be distinguishable and conto abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	the designation	"Corp," "Inc," or "C	Co". A professional corporation
B. Enter new principal office address, if (Principal office address MUST BE A STI		<u>N/A</u> N/A	11 JL
		N/A	FILED L-5 MH
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A	TD: 56
		N/A N/A	
D. If amending the registered agent and/ new registered agent and/or the new i			a, enter the name of the
Name of New Registered Agent:	N/A		
	N/A		
New Registered Office Address:		lorida street address)	
	N/A		, Florida <u>N/A</u>
	(C	ity)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register			ot the obligations of the position.
	Signature of N	lew Registered Agent,	if changing

removed an (Attach addi	**	officer and/or Director being adde	
<u>Title</u>	<u>Name</u>	Address	Type of Action
D	ROBERTO LAZO	MIAMI, FL 33144	
		N/A N/A	
provisio (if no		ge, reclassification, or cancellation on the amendment of	

The date of each amendmen	t(s) adoption: MAY 12th, 2011
Effective date if applicable:	MAY 1st, 2011 (date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
·	ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated MA	Y 12th, 2011
Signature 7	
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	SADAM ALLI ABS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)