575826

(Requestor's Name)	_
(Address)	—
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
The state of the s	
(Business Entity Name)	
(Dushiess Entry Name)	
(Document Number)	
Certified Copies Certificates of Status	
	\neg
Special Instructions to Filing Officer:	
	- 1
·	

Office Use Only



200266579062

11/21/14--01033--014 **35.00

Joneua



12/2/14

COVER LETTER

TO: Amendment Section

Division of Corp-	orations		•			
NAME OF CORPORATION: E Incorporated						
DOCUMENT NUM	BER: 575826					
	of Amendment and fee are sul	bmitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Jan D. Maine, For	_				
	Jay B. Weiss, Esc					
		Name of Contact Person	1			
	Jay B. Weiss, P.A					
		Firm/ Company				
	9990 SW 77th Av	enue, #216				
	Address					
	Miami, FL 33156					
		City/ State and Zip Cod	e			
ihu	ocamic@cal com					
JDW	esqmia@aol.com/					
E-mail address: (to be used for future annual report notification)						
For further informatio	n concerning this matter, pleas	e call:				
Jay B. Weiss at (305) 854-0499						
Name	of Contact Person		de & 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 of

FILED

E, Incorporated		2814 NOV 21 Pt	<u>1</u> 4: 31
(Name of Corporation as	s currently filed with the Florida	a Dent. of State)	
575826		SETRE VRY OF	ELORIDA
(Documer	nt Number of Corporation (if know		.
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this <i>Florid</i>	la Profit Corporation adopts the following	ing amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co".	A professional corporation name musi	
B. Enter new principal office address, (Principal office address MUST BE A S			_
			.
			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			_
			_
D. If amending the registered agent an new registered agent and/or the new		Florida, enter the name of the	_
Name of New Registered Agent	Sofia Zuleta		
	(Florida street add	dress)	
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar with a	nd accept the obligations of the position	
5m	in Zella gnature of New Registered Agent.	,	
	enature of New Registered Agent	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 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:	, una bai	ij omin, i	or us um muu.	
X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	PST	D	Fabio E. Zuleta	 3678 Coral Way
Add				Miami, FL 33145
Remove				
2) Change	PST	<u> </u>	Sofia Zuleta	 3678 Coral Way
Add				Miami, FL 33145
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5.				
5) Change				
Add				
Remove				
6) Change		_	·	
Add				
Pamova				

The state of the s	icles, enter change(s) here: (Be specific)
,	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) add	ption:	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated_11/18/20	14	
Signature 5	ofin Zuleta extor, president of other officer – if directors or officers have not been	
selected,	extor, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
5	Sofia Zuleta	
	(Typed or printed name of person signing)	
F	President Director	
	(Title of person signing)	