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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ELMER WILLIAM	MS ENTERPRISES INC	
DOCUMENT NUMB	D44000404004		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	ROSA WILLIAMS		
-		Name of Contact Person	1
-		Firm/ Company	
	1529 SOUTH 24TH AVE		
-		Address	
	HOLLYWOOD FL 33020		
		City/ State and Zip Cod	e
ROSA	.W7750 @AOL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ROSA WILLIAMS		_ at (274-1234
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio Cliftor 2661 I	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

ELMER WILLIAMS ENTERPRISES II	NC		
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of	State)
	Ĉ		Į
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, thi	s Florida Profit Corporation adopts	s the following ar
A. If amending name, enter the new n	ame of the corporation:		
			77
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc," or	"Co". A professional corporation	ed" or the abbr
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1529 SOUTH 24TH AVE	
		HOLLYWOOD FL 33020	201B
		1529 SOUTH 24TH AVE	26
		HOLLYWOOD FL 33020	
			- C
D. If amending the registered agent ar new registered agent and/or the ne			f the
-	ROSA WILLIAMS		
Name of New Registered Agent	1529 SOUTH 24TH AV	F	<u></u>
		treet address)	<u> </u>
	HOLLYWOOD	•	., 33020
New Registered Office Address:		, FIC -(City)	orida // // // // // // // // // // // // //
New Registered Agent's Signature, if c			
I hereby accept the appointment as regis.	tered agent. I am familiai	with and accept the obligations of	the position.
V.B	11:11	v	
	Signature of New	Registered Agent if changing	+

address of each Officer: (Attach additional sheets, Please note the officer/dit P = President; V = Vice i Executive Officer; CFO held. President, Treasure, Changes should be noted	and/or D if necess rector titl President Chief i T, Director in the fo	sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; TR= Tr Financial Officer. If an officer/director holds more to or would be PTD. Illowing manner. Currently John Doe is listed as the I vorporation, Sally Smith is named the V and S. These s	nustee; C = Chairman or Clerk; han one title, list the first letter PST and Mike Jones is listed as t
X Change	<u>PT</u>	John Dog	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	ELMER WILLIAMS	5666 MAYO STREET
Add X Remove			HOLLYWOOD FL 33023
2) Change	P	ROSA WILLIAMS	1529 SOUTH 24TH AVE
X Add			HOLLYWOOD FL 33020
Remove 3) Change	VP	GERALDINE WILLIAMS	10261 SW 24TH CT
X Add			MIRAMAR FL 33025
4)Change	S	LENWARD WILLIAMS	871 NE 209TH TER
X Add Remove	_		MIAMI DADE FL 33179
5) Change Add			
Remove			
6) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	1
	i
	<u></u>
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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;	i
(if not applicable, indicate N/A)	
'A	

The date of each amendment(s) addate this document was signed.	Joption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not spartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) (Tielent for approval.
	proved by the shareholders through voting groups. The following statement 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/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	1-25-19
Signature	en Lilli
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
	ROSA WILLIAMS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)