## K27383

(Reque	stor's Name)	
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DIVISION OF CORPORATION

2011 AFR 21 AM ID: D.

Arnen C.COULLIETTE

APR 21 2811

**EXAMINER** 





1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134 Phone: 305 444 4994

Email- filing@ecfsfiling.com

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Examiner's Initials

. 30	
CORPORATION NAME(S) & DOC	CUMENT NUMBER(S) (if known):
Elinel Col	rporation (K27383)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILNGS	REGISTRATION/ OUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	and the same of th

Reinstatement

Trademark

Other

## Articles of Amendment to Articles of Incorporation of

## **ELINEL CORPORATION**

(Name of Corporation as curre	ently filed with the Florida Dept.	of State)	
	K27383		
(Document Nun	nber of Corporation (if known)		
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Florida P	Profit Corporation ado	pts the following
A. If amending name, enter the new name o	f the corporation:		
			_The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc," or "(	Co". A professional c	d" or the orporation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>			_
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or a new registered agent and/or the new regis	CE BOX)  registered office address in Florid	la, enter the name of t	NUSION OF CAMERACION  11 APR 21 PM I2: 00
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as		pt the obligations of the	e position.
S	Signature of New Registered Agent,	if changing	

## If amending the Officer's 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VD	ELIZABETH GARCIA	5015 NW 79 AVE MIAMI. FL 33156	☐ Add ☑ Remove
V/D	KIM L. GARCIA	5015 NW 79 AVE MIAMI, FL 33156	☑ Add □ Remove
(attach a	additional sheets, if necessary). (Be s	pecific)	
provisi	mendment provides for an exchange ions for implementing the amendmen not applicable, indicate N/A)		

The date of each amendment(	a) adoption, 04-20-2011
i ne date of each amendment	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
1	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated APRI	
Signature	Helson Ganta
	director, president or other officer - if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	NELSON GARCIA
	(Typed or printed name of person signing)
	P/D
	(Title of person signing)