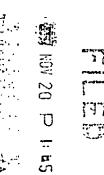
P05000117531

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CENTRO LATIN	O INC
DOCUMENT NUMBER: P05000118531	
The enclosed Articles of Amendment and fee ares	ubmitted for filing.
Please return all correspondence concerning this	atter to the following:
CARLOS RAMIREZ	
CENTRO LATINO INC	Name of Contact Person
10614 S FEDERAL HWY	Firm/ Company
PORT ST LUCIE, FL 3495	Address
enid@carlosramirezea.com	City/ State and Zip Code
· • • • • • • • • • • • • • • • • • • •	sed for future annual report notification)
For further information concerning this matter, plea	se call:
CARLOS RAMIREZ FLORES	at (772) 380-0610
Name of Contact Person	Area Code & 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 & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

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	UB14
(Name of Cor	rporation as currently filed with the Florida Dept. of State)
205000118531	
-	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, as Articles of Incorporation:	Borida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name o	fithe corporation:
ELITE ACCOUNTING & INCOME TAX INC	
same must be distinguishable and contain t	he word "corporation," "company," or "incorporated" or the abbreviation
'Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	Corp," "Inc," or "Co". A professional corporation name must contain the or the abbreviation "P.A."
 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 OFFI	
). If amending the registered agent and/or	registered office address in Florida, enter the name of the
new registered agent and/or the new regi	
Name of New Registered Agent	M
isanc of the registered sign	
	(Florida street address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changi hereby accept the appointment as registered a	Tam Comilian with and against the ablivering of the state
mereny accept the appointment as registered t	Tum juminar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasurer	and/or D if necess rector titl President = Chief I r, Director in the for	irector being a ary) e by the first let ; T = Treasurer Financial Office or would be PTI llowing manner orporation, Sali	dded: ter of the office title: S= Secretary: D= Director: TR= Tru The interpolation of the content of the co	irector being removed and title, name, and ustee: C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is would be noted as John Doc, PT as a Change,
X Remove	\underline{V}	Mike Jones		
_X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove		1		
4) Change		-		
Add				
Remove				
5) Change				
Add				
Remove				
		1		
6) Change			<u>]</u>	
Add		į		

_ Remove

. If amending or adding additional Arti	icles enter change(s) here:
(Attach additional sheets, if necessary).	(Bespecific)
, ,	
	<u> </u>
	#
·	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	noment it not contained in the amendment itself:
·=-	
<u> </u>	
. , ,	
	- RIS RII

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voitig group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ier
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
11/17/2017 Dated	
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 cou appointed fiduciary by that fiduciary)	
CARLOS RAMIREZ FLORES	
(Lyped or printed name of person signing)	
PRESIDENT WWW.	
(Title of person signing)	