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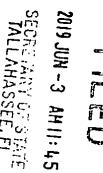
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	El Ri	ncon	Astuci	ano, C	OIP	
DOCUMENT NUMBER: P 0 7 0 0 0 1 2 8 9 6 /						
The enclosed Articles of Amendment	ind fee are sub	mitted for fili	ng.			
Please return all correspondence concerning this matter to the following:						
	Harry Tempkins, Esq. Name of Contact Person  Newman + Tempkins PA  Firm/ Company  W5 Lincoln Road, Suite 301  Address				<u>) [</u>	
	Miami Beach, Flor, da 33139 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:						
Harry Tempkin	<u>s</u>	at (	<u>305</u> )	<u> 398-77</u>	60	
Harry TempKins at (305) 398-7760  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 Fi Certificat	ling Fee & e of Status	S43.75 Fil Certified C (Additiona enclosed)	Copy I copy is	352.50 Filing Certificate of Certified Copy (Additional Co is enclosed)	Status y	
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

EL KINCON A.	sturiano, COIP.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P070001289	261
(Document Number of C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE BOX)</li> <li>D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:</li> </ul>	SECURITY AND
Name of New Registered Agent	
Hame of Hen Hegister ett Hgem	-
(Florida stree	t address)
N. D. C. 100 AH	ret. 14.
New Registered Office Address: (C	, Florida 'ity)
New Registered Agent's Signature, if changing Registered Agent:	ak and around the abliqueions of the position
I hereby accept the appointment as registered agent. I am familiar wi	
Signature of New Reg	zistered 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: X Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	MGRM	Esther Quinones	225 SW 17th Are
Add Remove			<u>Hiami, Fl. 33135</u>
2) Change Add	<u>VP</u>	Marlene Hernandez	8874 NW III Terrace Hialeah Gardens, Fl 33018
Remove 3 ) Change Add	<u>_f</u>	Antonio Hidalgo	225 SW 17th Ave. Hiami, Fl 33135
Remove 4) Change Add			
Remove			
5) Change			
Remove			
6) Change			
Add			

	or adding additiona onal sheets, if necesso	rry). (Be specific,				
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<u>t an amendi</u> provisions (	nent provides for an or implementing the	exchange, reclass	ification, or cance	llation of issued s	<u>hares,</u>	
(if not a	pplicable, indicate N	4()	Contained in the	amenument itsen:	<b>-</b>	
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The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment j	file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for icient for approval.	the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the an	
"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	on and shareholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action ar	nd shareholder
Dated <u>05-</u>	29-19	
Signature	James S.	
(By a dir	ector, president or other officer – if directors or office	
	by an incorporator – if in the hands of a receiver, trus d fiduciary by that fiduciary)	stee, or other court
_	Marlene Hernander (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	(Title of person signing)	
_	(Title of person signing)	