| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



400236589704

07/25/12--01005--007 \*\*35.00

7/26/12 RW Amord.

## **COVER LETTER**

TO: Armendment Section
Division of Corporations

| Division of Corp  | orations                                    |  |  |  |
|---|---|--|--|--|
| NAME OF CORPOI<br>DOCUMENT NUMI   | RATION: NOTE EXPE<br>BER: P080000404        | RESS INTERNAT  | IONAL, CORP  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.                          |   |  |  |  |
| Please return all correspondence concerning this matter to the following:                     |   |  |  |  |
|   | LYSLEI CHIRI                                | co   |  |  |
| Name of Contact Person ELO ENTERPRISES, INC   |   |  |  |  |
| 4700 NW BOCA RATON BLVD STE 202   |   |  |  |  |
| BOCA RATON, FL 33431  |   |  |  |  |
| City/ State and Zip Code  |   |  |  |  |
| ELO@ELOENTERPRISES.US   |   |  |  |  |
| E-mail address: (to be used for future annual report notification)                            |   |  |  |  |
| For further information concerning this matter, please call:                                  |   |  |  |  |
| LYSLEI CHIRICO  |   | <sub>at (</sub> 561  | ,544-8862  |  |
| Name of Contact Person  |   | at (561 ) 544-8862  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 & 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   |   | Street Address   |  |  |
| Amendment Section   |   | Amendment Section Division of Corporations                         |  |  |
| Division of Corporations<br>P.O. Box 6327   |   | Clifton Building   |  |  |
| Tallahassee, FL 32314   |   | 2661 Executive Center Circle                                       |  |  |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## NOTE EXPRESS INTERNATIONAL, CORP. 25 AM II: 00 P08000040485

PURSUANT TO THE PROVISIONS OF SELECTION 607.1006, FLORIDA

| STATUTES, THE UNDERSIGNED CORPORATION ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:  |
|--|
| FIRST:<br>AMENDMENT ADOPTED:   |
| 1. THE NEW BOARD OF DIRECTORS:   |
| Removal of Vice-President: Daniel de Melo  |
| 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, ARE AS FOLLOW.  |
| THE DATE OF EACH AMENDMENT'S ADOPTION: July 5 <sup>th</sup> , 2012   |
| ADOPTIONS OF AMENDMENTS:   |
| THE AMENDMENT (S) WAS/WERE ADOPTED BY THE BOARD OF DIRECTORS WITHOUT SHAREHOLDER ACTION AND SHAREHOLDER ACTION WAS NOT REQUIRED.   |
| X THE AMENDMENT(S) WAS/WERE APPROVED BY THE SHAREHOLDERS. THE NUMBER OF VOTES CAST FOR THE AMENDMENT(S) WAS/WERE SUFFICIENT FOR THE APPROVAL.  |
| THE AMENDMENT(S) WAS/WERE APPROVED BY THE SHAREHOLDERS THROUGH VOTING GROUPS. (THE FOLLOWING STATEMENT MUST BE SEPARATELY APPROVED FOR EACH VOTING 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) |
| SIGNED THIS:   |