POBULL 88854

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ELE	EASE C STORE INC		
		<u></u>	
DOCUMENT NUMBER: P0800008	8854	·	
The enclosed Articles of Amendm	ent and fee are submitted for	filing.	
Please return all correspondence co	ncerning this matter to the fol	lowing:	
MAURICE ROBI			
	Name of	Contact Person	
ELEASE C STO			
	Firm	/ Company	
1400 SW 54TH	AVE		
	,	Address	
PLANTATION, F	L 33317		
	City/ Sta	te and Zip Code	
ELEASELEWAR	S@YAHOO.COM		
	E-mail address: (to be used	for future annual rep	ort notification)
For further information concerning to	nis matter, please call:		
MAURICE ROBINSON	at	(407) 841-1195	
Name of Contact	Person		e & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the	Florida Department	of State:
	cate 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 Amendment Sec Division of Corpo P.O. Box 6327 Tallahassee, FL	ction prations	Ame Divis Clifto	et Address Indment Section Ion of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ELEASE C STORE INC				_
(Name of Corporation as cu	urrently filed with the F	lorida Dept. of State)		
P08000088854				
	mber of Corporation (if l	known))		,
Pursuant to the provisions of section 607.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida I	Profit Corporation adopts	the following	
A. If amending name, enter the new name of the c	orporation:			
		•	The new	
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abl	," or "Co". A profession		breviation	
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>				-
			7	-
			AUG	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>		8 4	T]
	_			ij
D. If amending the registered agent and/or register	ered office address in l	Florida, enter the name of	46	-
new registered agent and/or the new registered				
Name of New Registered Agent:			_	
	(Florida street	address)		
New Registered Office Address:		. Florid	a	
	(City)	,	(Zip Code)	•
New Registered Agent's Signature, if changing Registered agent. If thereby accept the appointment as registered agent. If		cept the obligations of the	position.	
Signature of	f New Registered 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.

J ,	*	· · ·	
Example: X Change	PT Jol	nn Doe	
X Remove		ke Jones	
X Add	<u>SV</u> <u>Sa</u>	<u>lly Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	VPD	KADIANNE THOMAS	3001 NE 185TH ST
X Add			APT 125
Remove			MIAMI, FL 33180
2) Change			
Add			
Remove			
3) Change		*******	
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ELEASE C STORE INC		AIX
If amending or adding additional A		
(Attach additional sheets, if necessary	y). (Be specific)	
	,	
	<u> </u>	
<u>. </u>		
If an amendment provides for an ex	schange, reclassification, or cancellation of issued shares.	
provisions for implementing the at	mendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	TOTAL TOTAL STATE OF THE STATE	
(II Hot applicable, Indicate WA)		

<u></u>		
···		
		

ELEASE C STORE INC	
The date of each amendment(s) adop	
other than the date this document was s	signed.
Effective date <u>if applicable</u> :	8/4/2017
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block das the document's effective date on the	oes not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
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) ifficient 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	, n
	(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	
Signature	Lean Luna
	a director, president or other officer – if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
1	ELEASE LEWARS
_	(Typed or printed name of person signing)
1	PRESIDENT
-	(Title of person signing)