(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

TO: Amendment Sect Division of Corpo					
NAME OF CORPOR	RATION: ELITE MET	RO CORP			
NAME OF CORPORATION: ELITE METRO CORP DOCUMENT NUMBER: P09000032438					
	of Amendment and fee are su				
	spondence concerning this mat	_			
		-			
	JOSE A MARTIN	Name of Contact Person			
	ELITE METRO C		1		
		Firm/ Company			
1001 NEW YORK AVE					
	SAINT CLOUD FL 34769				
		City/ State and Zip Code	e		
RE	TTV@ELITEMET	ROCORP COM			
E-mail address: (to be used for future annual report notification)					
For further information	n concerning this matter, pleas	e call:			
JOSE A MAF	RTINEZ	at (321	985-0500		
Name	of Contact Person		de & 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			Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		Clifton Building			
Tall	ahassee, FL 32314		executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

ELITE METRO CORP	
(Name of Corporation as currently filed with	h the Florida Dept, of State)
P09000032438	
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporati	ion:
	The new
	poration," "company," or "incorporated" or the abbreviation "," or "Co". A professional corporation name must contain the iation "P.A."
B. Enter new principal office address, if applicable:	1001 NEW YORK AVE
(Principal office address MUST BE A STREET ADDRESS)	SAINT CLOUD FL 34769
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, enter the name of the address:
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	, Florida
	, Florida (Zip Code)
	49
	≥ ⊭ ઝ
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: uniliar with and accept the obligations of the position.
×	TAN TE

- A P ...

Signature of 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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add Remove			
2) Change			
Add Remove			
3) Change			
Add			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

	ssary). (Be specific)
 	
If an amandment musuides for .	an exchange, reclassification, or cancellation of issued shares,
ii an amenument provides for a	
provisions for implementing the (if not applicable, indicate a	N/A)
provisions for implementing the (if not applicable, indicate to	N/A) .
provisions for implementing the control of the provisions for implementing the control of the provisions for implementing the control of the provisions for implementing the provision for	N/A) .
provisions for implementing the control of the provisions for implementing the control of the provisions for implementing the control of the provisions for implementing the provision of the	N/A) RE TO BE AMENDED FROM 50% JOSE A MARTINEZ AND
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The date of each amendmen date this document was signed	t(s) adoption: <u>04/01/2015</u>	, if other than the
Effective date if applicable:	04/01/2015	
Effective date in applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated	1/1/15	
s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	JOSE A MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	