## P0900099309

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(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	→ #)
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Elise Minton Enterprises, Inc P09000099309 **DOCUMENT NUMBER:** The enclosed *Articles of Amendment* and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Elise minton
Name of Contact Person Clompi Leonard CPA
Firm/Company 3810 Hollywood Blud Stre 3 Hollywood FL 33021 Mleonarbepa Chotmail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Se Minton at (561) 394-8565

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 & ■ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** 

Clifton Building

Tallahassec, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## **Articles of Amendment Articles of Incorporation**

P0900099309
(Document Number of Corporation (if known)

owing

Elise RAY Enterprise	e corporation:		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profess	word "corporation," signation "Corp," "Inc	c," or "Co". A professional c	ed" or the
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		7 m 2 m	<b>-</b> .
Principal office address MOSI BE A STREET A	<u></u> )		5 *
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		23 € ±23.3 23 € ±23.3	ြယ် ျှိုး
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )	है। जन्म है। जन्म <sup>दे</sup> री है	3 5
	<del></del>		- -公 (型
	<del></del>	7 ( )	–ໝ –
D. If amending the registered agent and/or reginew registered agent and/or the new register		n Florida, enter the name of	<u>the</u>
Name of New Registered Agent:		···	
	(Florida street a	address)	
Name of New Registered Agent:	(Florida street a		
Name of New Registered Agent:	(Florida street a	,	

## 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) Title <u>Name</u> Address **Type of Action** ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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: (if not applicable, indicate N/A)

The date of each amendment	(s) adoption: 2-24-2010
Effective date <u>if applicable</u> :	(date of adoption is required) 2-24-200
Zarective date <u>it applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statemend for 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	(voting group)
	(voting group)
action was not required.  The amendment(s) was/wer action was not required.  Dated  Signature  (By selection)	re adopted by the board of directors without shareholder action and shareholder  re adopted by the incorporators without shareholder action and shareholder  2 2 2 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	(Typed or printed name of person signing)
	President (Title of person signing)