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(((H17000169566 3)))



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Division of Corporations

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From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017

Phone

: (305)485-9300

Fax Number

: (305)485-1098

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Email Address:	_
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S. TALLENT

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

JUN 3 0 2017

**ELPIDIO MOREJON INC** Certificate of Status 0

Certified Copy 0 Page Count 05 Estimated Charge \$35.00



June 29, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

ELPIDIO MOREJON INC 933 NW 134 PL MIAMI, FL 33182

SUBJECT: ELPIDIO MOREJON INC

REF: P10000092907

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name and title of the person signing the document must be noted beneath or opposite the signature.

ON PAGE 4 OF 4, PLEASE TYPE NAME OF OFFICER/DIRECTOR AND THEXE TITLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II FAX Aud. #: H17000169566 Letter Number: 117A00013145

## Articles of Amendment to Articles of Incorporation of

ELPIDIO MOREJON, INC.	
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P10000092907	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	als Florida 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 "corporal "Corp.," "inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	tion." "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Frincipal Office uniters MOST BE A STREET ADDRESS)	
<b>-</b> •	
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 ad new registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
	in the state of th

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

\_\_\_\_ Add

4) \_\_\_\_ Change

\_\_\_\_ Add

5) \_\_\_\_ Change .\_\_\_. Add

\_\_\_\_ Remove

\_\_\_\_ Remove

\_\_\_\_Remove

6) \_\_\_\_ Change \_\_\_\_ Add

\_\_\_\_ Remove

3054851098

address of each Officer (Attach additional sheets Please note the officer/dip = President: V= Vice Executive Officer: CFO heid. President, Treasure Changes should be noted whange. Mike Jones le. Mike Jones, V as Remov	and/or I  i, if neces, irector tit Presiden  Chief er, Direct d in the fo	Director being added: sary) le by the first letter of the office title: t: T= Treasurer: S= Secretary; D= D Financial Officer. If an officer/direct for would be PTD. officwing manner. Currently John Dae forporation, Sally Smith is named the	of each officer/director being removed and title, name, and Director; TR= Trustee: C = Chairman or Clerk; CEO = Chique for holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change
Example: X-Change	<u> F7</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Saily Smith	
Type of Action (Check ()ne)	<u>Title</u>	Name	Address
1) Change	D	Josel Noclaise	e 2613 44 th 51 W Legish Acres
<b>X</b> Add			Legish Acres
Romove			FL, 33971
2)Change			
Add			
Remove			
3.) Change			

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C

MIAMI, FL 33155 PH.: (305) 485-9300

If amending or adding additional Articles, ent (Attach additional sheets, if necessary). (Re sp	ecific)	<u>e</u> .		
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			•	
If an amendment provides for an exchange, re-	classification, o	r cancellation o	fissued shares,	
provisions for implementing the amendment (if not applicable, indicate N/A)	if not contained	in the amendm	ent itself:	
	<del></del>			
	<del>.</del> .			
		<del> </del>	<del></del>	
	<del></del>			

	, if other than the
The date of each amendment(s) ad date this document was signed.	option:
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than yo days after amenament file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment( $\hat{s}$ ) theight for approval.
☐ The unreadment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voling group)
<u> </u>	(voting group)
	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	6/33/3017
Signature 1	director, president or other officer – if directors or officers have not been
selecte	ed, by an incorporator - if in the hands of a receiver, trustee, or other court
appoir	nted fiduciary by that fiduciary)
	Chiclio Horejon (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)