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STORETARY OF STATE

HAR 2 2 2018 T. LEANEUN



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: INVERSIONES E	MENCO INC	
DOCUMENT NUME	P11000070295		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	EDUARDO MENDOZA		
		Name of Contact Person	
	EMENCO CORP		
		Firm/ Company	
	17095 SW 52ND CT		
		Address	
	MIARAMAR, FL 33027		
•	- · · · - · · · · · · · · · · · · · · ·	City/ State and Zip Code	**************************************
eduar	do@emenco.net		
· · · · · ·	E-mail address: (to be us	ed for future annual report n	otification)
	n concerning this matter, pleas	•	
EDUARDO MENDO	ZA	at (⁷⁸⁶	<u>3520704</u>
Name o	of Contact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depar	tment 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)
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Division Clifton F 2661 Ex	nent Section of Corporations

Articles of Amendment to Articles of Incorporation of

INVERSIONES EMENCO INC

INVERSIONES EMENCO INC	
(Name of Corporation as current	y filed with the Florida Dept. of State)
P11000070295	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
EMENCO CORP	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation "	n," "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)	_/\/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	
New Registered Office Address: (Florida str	eet address), Florida(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to Signature of New Registered agent.	

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.

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>	Name	<u>Addres</u> s
1) Change	_	N/A	
Add		•	
Remove		,	
2) Change		N/A	
Add			
Remove		KI /A	
3) Change			
Add		/	
Remove			
4) Change		N/A	
Add			· · · · · · · · · · · · · · · · · · ·
Remove		,	***************************************
5) Change		N/A	
Add			
Remove		/	
6) Change		A/N	
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
	N/A
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	And the state of t
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crovisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	if other than the
date this document was signed.	ii ouioi uiuii ui
04/01/2018	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
O3/19/2018 Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
EDUARDO MENDOZA	
(Typed or printed name of person signing)	
VICE-PRESIDENT	
(Title of person signing)	