## P11000012544

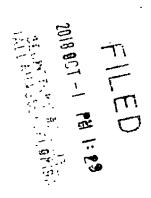
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## **COVER LETTER**

O: Amendment Section Division of Corporations	
NAME OF CORPORATION: E BRENES INC	
DOCUMENT NUMBER: P11000072544	
he enclosed Articles of Amendment and fee are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
EDUARDO E BRENES	
Name of Contact Person	_
E BRENES INC	
Firm/ Company	_
58A BUNKERVIEW DR	
Address	_
PALM COAST, FL 32137	_
City/ State and Zip Code	
BRENESEDUARDO0503@GMAIL.COM	_
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
EDUARDO E BRENES at 386-793-4086	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the <u>Florida Department of State:</u>	
\$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) (Additional Copy is enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

E BRENES INC	
(Name of Corporation as currently t	filed with the Florida Dept. of State)
P11000072544	
	Corporation (if known))
(2000	
Pursuant to the provisions of section 607.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Profit Corporation</i> adopts the following
A. If amending name, enter the new name of the corporati	ion:
	<del>-</del> -
name must be distinguishable and contain the word "corporation	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co	
word "chartered," "professional association," or the abbreviation	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	2018 TAX
	0
	22 I
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	·
	<del></del>
D. If amounding the registered agent and/or registered offi	an address in Florida and the constant
<ul> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.</li> </ul>	
	A. A. J.
Name of New Registered Agent:	
<u></u>	(Florida street address)
	(, tortoa street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fami	
Signature of New Re	egistered 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.

Example:				
X Chai	nge <u>PI</u>	John Doe		
_X_ Rem	ove <u>Y</u>	Mike Jones		
X Add	SV	Sally Smith		
Type of Action (Check One)	Title	Name		Address
1) Char	nge <u>V</u>	JOSE SAUL BREN	IES	12B BUNKERVIEW DR
_X_ Add				PALM COAST, FL 32137
Rem	ove			
2) Cha	nge	_		
Add				
Rem	ove			•
3) Cha	nge			-N-
Add				
Rem	ove			
4) Cha		_		·
Add				
Rem	ove			<u> </u>
5) Cha	nge			
Add				
Rem	ove			· · · · · · · · · · · · · · · · · · ·
6) Cha	nge			
Add				
—— Rem	ove			

E RDENES INC

_	E BRENES INC	ATX
Ŀ.	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	(/Machineral chocks, wheedstary). (See specime)	
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	<del></del>	
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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)	
	(Il not applicable, indicate tvik)	
_		
_		
_		
_		
_		
_		

E BRENES INC		AT.
The date of each amendment(s) adoption:	9/28/2018	, if
other than the date this document was signed		
Effective date <u>if applicable</u> :	9/28/2018	
	(no more than 90 days after amendment file date)	
<b>Note</b> : If the date inserted in this block does not as the document's effective date on the Depart	t meet the applicable statutory filing requirements, this date will not be listed ament of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
X The amendment(s) was/were adopted b by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.	
<b>—</b>	by the shareholders through voting groups. The following statement oting 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 b action was not required	y the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder	
Dated	9/28/2018	
Signature 💢 :		
	tor, president of her officer – if directors or officers have not been	
	over incorporator – if in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)	
EDUAR	RDO E BRENES	
	(Typed or printed name of person signing)	-
PRESI	DENT	_
	(Title of person signing)	