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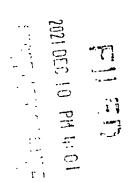
(Requestor's Name)			
(Address)			
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(Audiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Basilious Eliki, Marile)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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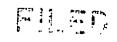
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	EL MORR	10 NO. 1, INC.			
DOCUMENT NUMBER:	P11 0000	96462			
The enclosed Articles of Amenda	nent and fee are sul	bmitted for filing.			
Please return all correspondence of	concerning this mat	tter to the following:			
S	PENCER B. 1	MEREDITH, JR.			
	SPENCER B. MEREDITH, JR. Name of Contact Person				
EL MORRO NO. 7, INC.					
	Firm/ Company				
90 EDGEWATER DRIVE, STE. 702					
	Address				
	CORAL GABLES, FLORIDA 33133-6917				
	City/ State and Zip Code				
MCTAINO @ AOL. COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: Spencer B.Meredith, Tr at (305) 668-4472 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact I	Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	artment of State:		
~	.75 Filing Fee & dificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



2021 DEC 10 PM 1: 01

EL MORRO NO.7, INC

(Name of C	orporation as currently	filed with the Florida De	of. of State	OF STATE
_	00096462	1:	-12 1-7	
1 11 0 0	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.100 ts Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation	adopts the fo	ollowing amendment(s)
. If amending name, enter the new name	of the corporation:			
NIA				The new
ame must be distinguishable and contain the Inc.," or Co.," or the designation "Corp chartered," "professional association," or	," "Inc," or "Co". A	mpany," or "incorporated professional corporation	" or the abb name must	reviation "Corp.,"
s. Enter new principal office address, if a Principal office address <u>MUST BE A STRE</u>		N/A		
C. Enter new mailing address, if applicabe (Mailing address MAY BE A POST OF) D. If amending the registered agent and/o	FICE BOX) r registered office addre	N /A Ss in Florida, enter the na	ame of the	
new registered agent and/or the new re				
Name of New Registered Agent		MEREDITH, JR.		
	-	ER DRIVE, STE.	702	
	(Florida stree	•		
New Registered Office Address:	CORAL GABLE	E S City)	_, Florida_	(Zip Code)
lew Registered Agent's Signature, if chan		3.13)		(zip Coat)
hereby accept the appointment as registered	d agent. I am familiar wi	ith and accept the obligation		sition.
	Signature of New Reg	gistered Agent, if changing		
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO: President, Treasurer, Dit Changes should be noted	and/or Director be is, if necessary) irector title by the fi President: T= Trea = Chief Financial O rector would be PT if in the following maves the corporation	eing added: rst letter of the office title: surer; S= Secretary; D= Director; TR= Ti fficer. If an officer/director holds more than D. anner. Currently John Doe is listed as the i sally Smith is named the V and S. These s	rustee; CA (Tairman or Clerk; EEO = Chief one title, list the first letter of each office held. PST and Mike Jones is listed as the V. There is should be noted as John Doc, PT as a Change,
X Change	PT John Do	<u>e</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	nes	
_X Add	SV Sally Sn	nith	
Type of Action (Check One)	Title	Name	Address
1) Change	PSTD	SUSAN M. LUPIEN	90 EDGEWATER DR., STE 702
Add			CORAL GABLES
<u>✓</u> Remove			FLORIDA 33133
2) Change	PSTD	Spenier B. MEREDITH, JR	90 EDGEWATER DR, STE 702
Add			CORAL GABLES
Remove 3) Change			FLO/2 1DA 33133
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 	/	
Add	/	,	
Remove			

6) ____ Change

____ Add

____ Remove

amending or adding additional Ar ttach additional sheets, if necessary).	icles, enter change(s) here (Be specific)	:	
	/A		
	/ 		
			 .
-11 -1			
	<u> </u>		
		··· ·	
	<u></u>		 .
an amendment provides for an ex-	hange, reclassification, or	cancellation of issued s	hares.
orovisions for implementing the an (if not applicable, indicate N/A)	endment if not contained i	n the amendment itself	<u>:</u>
(ij not applicable, indicate WA)			
	/a	******	
	v/A		
			· · · · · · · · · · · · · · · · · · ·

: .

The date of each amendment(s) adoption:	N /A	, if other than the
date this document was signed.		
Effective date if applicable:	N /A no more than 90 days after amend	
(1	10 more than 90 days after amend	lment file date) .
Note: If the date inserted in this block does not a document's effective date on the Department of Sta		ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the incaction was not required.	corporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for app		cast for the amendment(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr		
"The number of votes cast for the amenda	nent(s) was/were sufficient for ap	proval
by(voting		,,
(voting	group)	
Dated November 2	-0,2021	
Signature Spence 13.	Muedus	
	nt or other officer – if directors o orator – if in the hands of a receive	
appointed fiduciary by		ver, trustee, or other court
Sper	NCER B. MEREDITH JR	
(Ty	NCER B. MEREDITH, JR	gning)
_	SIDENT & REGISTERED	
		MGCN1.
(i 1i	tle of person signing)	