P130000337a0

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15 JUN 30 AM IO: 21

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORAT	FION: Nile Management	Group, Inc.	
DOCUMENT NUMBER	P13000033720		
	imendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
Sai	mantha Jackson		
		Name of Contact Person	n
Me	eriam Corporate Services,	Inc.	
	·	Firm/ Company	
PO	Box 52588		
		Address	
Ме	esa AZ 85208		
		City/ State and Zip Cod	e
meriamfi	nancial@gmail.com		
		ed for future annual report	notification)
For further information co	ncerning this matter, pleas	e call:	
Samantha Jackson		at (_) 318.8456
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	artment 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)
Amenda Division P.O. Bo	Address nent Section of Corporations x 6327 see, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SEGRETARY OF STATE DIVISION OF CORPERATIONS

15 JUN 30 AM 10: 21

, Florida ³³³⁰⁹

(Name of Corporation as currently filed with the Florida Dept. of State) P13000033720 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Elite Avenue, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 5101 NW 21st Ave Ste 350 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Ft Lauderdale, FL 33309 C. Enter new mailing address, if applicable: 5101 NW 21st Ave Ste 350 (Mailing address MAY BE A POST OFFICE BOX) Ft Lauderdale, FL 33309 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 5101 NW 21st Ave Ste 350

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

Nile Management Group, Inc.

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Ft Lauderdale, FL

Signature of New Registered Agent, if changing

(Florida street address)

(City)

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>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add	•		
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
					
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		<u></u>	<u> </u>		
	 	<u></u>			
 					
					
		.			
f an amendment provides for an exch provisions for implementing the amer	ange, reclassification	n, or cancellation	n of issued sha dment itself:	res,	
(if not applicable, indicate N/A)					
	<u></u>				
					
				<u></u>	
					
				-,	

	January 25, 2015	
The date of each amendment(s) adop	tion: FILTU	,if other than the
date this document was signed.	SECRETARY OF DIVISION OF CORF	GRATIONS
	DIAI2IAM OF GOISE	Citition
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file da JUN 30 A	חוטי ביו
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date will tment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statement the 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	"	
9	(voling group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
06/26/2015		
Dated		
		
Simon Met	Am a.	
Signature / //	tor, president or other officer – if directors or officers have not been	
selected, by	y an incorporator – if in the hands of a receiver, trustee, or other court (iduciary)	
Mic	chael Hanna	
_	(Typed or printed name of person signing)	
Pre	sident	
	(Title of person signing)	<u> </u>