## P130000 42304

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(Address)
(Address)
(City/State/Zip/Phone #)
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WB 115 in 2:05

Amend

DEC 12 2019

I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: EL ENCANTO BO	OUTIQUE INC.	
DOCUMENT NUN	BER:		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	AMADO LINO VALLE		
		Name of Contact Person	1
	EL ENCANTO BOUTIQUE	INC	
	-	Firm/ Company	**
	1081 W 29 ST		
		Address	
	HIALEAH, FL 33012		
		City/ State and Zip Code	e
×			
	E-mail address: (to be us	sed for future annual report	notification)
		<b>,</b>	,
For further informati	on concerning this matter, pleas	se call:	
AMADO LINO VALLE		at (	)
Namo	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street	Address
			lment Section
			on of Corporations
		Clifton Building	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

( <u>Name o</u>	f Corporation as cu	<u>rrently filed with the Florida l</u>	Dept. of State)
P13000042304			
	(Document Nun	nber of Corporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes	this Florida Profit Corporation	on adopts the following amendment(s) t
A. If amending name, enter the new na	me of the corporation	on:	
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design vord "chartered," "professional associa	ation "Corp." "Inc."	or "Co". A professional cor	
B. Enter new principal office address, if applicable:		N/A	
Principal office address MUST BE A S			
			2013
			<del></del>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A	· 
	-		- ;
<ol> <li>If amending the registered agent an new registered agent and/or the new</li> </ol>			
Name of New Registered Agent	AMADO LINO VA	LLE	
	1081 W 29 ST		
	(Flor	ida street address)	
New Registered Office Address:	HIALEAH		Florida 33012
		(City)	(Zip Code)

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

Signature of New Registered Agent, if changing

1 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 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)	Title	Name	<u>Addres</u> s
1) Change	P	AMADO LINO VALLE	1081 W 29TH ST
X Add		,	HIALEAH, FL 33012
Remove			
2) Change	P	MARIA ELENA PAZ	\$11 W. 37TH TERR.
Add			HIALEAH, FL 33012
X Remove			<u> </u>
3) Change	<del>-</del>		
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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/4)	(Muach	lditional sheets, if necessary). (Be specific)
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	11/07/2019	
	) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
11/07/2	019	
Dated		
	and o	
Signature	a director, president or other officer – if directors or officers have not been	
· •	a director, president or other officer – if directors or officers have not been betted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ointed fiduciary by that fiduciary)	
	AMADO LINO VALLE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·