P13000074041

(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone #	f)		
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2015 NOV 25 ANTI: 29

DEC 01 2014 C. CARROTHERS

COVER LETTER

NAME OF CORPORATION: **ELIASSONS COLLECTION INC** P13000074041 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person **ELIASSONS COLLECTION INC** Firm/ Company 14775 SW 36 TERRACE Address MIAMI, FL 33196 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 - 205 -1592 MAGDEUNE GONZALEZ CPA Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$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 Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corpora	tion as currently filed with the Florida Dept. of State)			
	P130000 74041			
(Doc	ument Number of Corporation (if known))			
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation A. If amending name, enter the new name		following 2015 NOV 25 The new		
name must be distinguishable and contain th	ne word "corporation," "company," or "incorporated" or the abbrev	The same		
"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association,"	Corp," "Inc," or "Co". A professional corporation name must conte or the abbreviation "P.A."	1:2 028		
B. Enter new principal office address, if		<i>≼</i> ∵		
(Principal office address <u>MUST BE A STI</u>	REET ADDRESS)			
				
C. Enter new mailing address. If applica	· · · · · · · · · · · · · · · · · · ·	·		
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)			
	·			
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				
Name of New Registered Agent:	RAIDEL ELIAS			
	14775 SW 36 TERRACE, MIAMI, FL 33196			
	(Florida street address)			
New Registered Office Address:	Florida			
TAN LINGUISM SHINE LINM AND	(City)	(Zip Code)		
New Registered Agent's Signature, if char				

Page 1 of 4

Signature of New Registered Agent, if changing

ELIASSONS COLLECTION INC.

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	PI	John Doe	
X Remove	Ā	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PT	BIENVENIDO J. ELIAS	14775 SW 36 TERRACE
Add			MIAMI, FL 33196
X Remove			
2) Change	PΤ	RAIDEL ELIAS	_14775 SW 36 TERRACE
X Add			MIAMI, FL 33196
Remove			
3) Change	_		
Add			
Remove			
			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

_ `	ELIASSONS COLLECTION INC	ATX
	amending or adding additional Articles, enter change(s) here:	
(2	Attach additional sheets, if necessary). (Be specific)	
F If	an amendment provides for an exchange, reclassification, or cancellation of issued shares.	
יי ע	provisions for implementing the amendment if not contained in the amendment itself:	
•	(if not applicable, indicate N/A)	

	ELIASSONS COLLECTION	1 INC	ATX1
	late of each amendment(s) ad	•	, if
other	than the date this document wa	is signed.	
Effec	tive date <u>if applicable</u> :		
	·	(no more than 90 days after amendment file date)	
		k does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.	
Adop	otion of Amendment(s)	(CHECK ONE)	
X	The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
		approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
	by	(voting group)	
		(voting group)	
	The amendment(s) was/were action was not required.	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	
	Dated	11/11/15	
	Signature	- Juditz	
		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	
	a	appointed fiduciary by that fiduciary)	
		RAIDEL ELIAS	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	