P13000086596

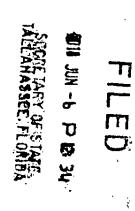
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the your services

TO: Amendment Section Division of Corporations

第。

NAME OF CORPORA	TION: ELENA PALACE	CORP	
DOCUMENT NUMBE	P13000086596		
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.	····
Please return all corresp	ondence concerning this ma	tter to the following:	
	MARIA SANCHEZ		
_		Name of Contact Perso	п
	ELENA PALACE	CORP	
_		Firm/ Company	
	4012 SW 154th C	Γ	
_		Address	
	MIAMI, FL 3318	5	
		City/ State and Zip Cod	e
	mcs0429@aol.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information of MARIA SANCHEZ	concerning this matter, pleas	se call:	6133625
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ment Section on of Corporations ox 6327 assee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

ELENA PALACE CORP			
(Name	of Corporation as curre	ntly filed with the Florida De	pt. of State)
P13000086596			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, the	is Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corv." "Inc." or	"Co". A professional corna	The new porated" or the abbreviation tration name must contain the
B. Enter new principal office address,	if annlicable:	N/A	
Principal office address MUST BE A S	TREET ADDRESS)		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>	<u>cable:</u> OFFICE BOX)	N/A	
			
		_	
). If amending the registered agent an	d/or registered office ad	dress in Florida, enter the na	me of the
new registered agent and/or the nev	v registered office addre	ss:	
Name of New Registered Agent	N/A		
			
	(Florida s	treet address)	
W . B	N/A	reer address/	
New Registered Office Address:		(Cin.)	_, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if ch	nanging Registered Agen	ıt·	
hereby accept the appointment as registe	ered agent. I am familiar	with and accept the obligation	ns of the position,
		-	
			Ass 🐞
	5 2 2111	7	
	Signature of New	Registered 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.

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	V	GLECIE LACORTE	4012 SW 154th CT
X Add			MIAMI, FL 33185
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

N/A	(Be specific)			
				
				
				
				
				
	·			
			-	
				
		<u> </u>		
				
F. If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassificatio endment if not contai	n, or cancellation o ined in the amendm	fissued shares, ent itself:	
		<u> </u>		
MARIA SANCHEZ 50 SHARES				
GLECIE LACORTE 50 SHARES				
				
			_ <u>_</u>	
				

	06/01/18	
The date of each amendment(s) addate this document was signed.	toption:	, if other than the
Effective date if applicable:	06/01/18	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amer fficient for approval.	ndment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	statement (s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sha	areholder
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder	older
06/03/18 Dated		
Signature		
(By a di selected	rector, president or other officer – if directors or officers have no , by an incorporator – if in the hands of a receiver, trustee, or other diffduciary by that fiduciary)	ot been ner court
-	MARIA SANCHEZ Luo Carchy	3
	(Typed or printed name of person signing)	
_	PRESIDENTE	
	(Title of person signing)	