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COVER LETTER

TO: Amendment Section Division of Corporations

A ,

NAME OF CORPOR	RATION: ELISHOES, INCO	DRPORATED			
DOCUMENT NUME					
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Eloisy Rodriguez				
	Name of Contact Person				
	ELISHOES, INCORPORATED Firm/ Company				
	1767 WEST 37 STREET UNIT16				
	Address				
	Hialeah, FL 33012				
		City/ State and Zip Cod	e		
elisho	es2014@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Eloisy Rodriguez		786	234-2302		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depo	urlment of State:		
S35 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)		
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Inhassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

17 0EC 22 PMI2: 04

Articles of Amendment to Articles of Incorporation of

ELISHOES, INCORPORATED

	tly filed with the Florida De	pt. of State)		
214000016686 (Document Number	of Corporation (if known)		_	
fursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation	adopts the following	ng amendmen	
. If amending name, enter the new name of the corporation:			gg.	
ame must be distinguishable and contain the word "corporate Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corpo	porated" or the c ration name must	The new abbreviation contain the	
Enter new principal office address, if applicable:	1767 WEST 37 STREET UNIT16			
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Hialeah, FL 33012			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A			
 If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre 	dress in Florida, enter the na	ame of the	17	
N/A Name of New Registered Agent			- ES	
			- ?? ?	
(Florida)	treet address)		- ng ?	
11 100 100 1				
New Registered Office Address:	(City)	, Florida	<u></u>	

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 Doc 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> Jo	ohn Doe		
X Remove	<u>v</u> <u>v</u>	Mike Jones		
X Add	<u>SV</u> <u>S</u>	ally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	V	Danilo Ramos Ramos	1737 West 37 St Unit 16	
Add			Hialeah, FL 33012	
X Remove				
2) Change	<u>v</u>	Eduardo Baryolo Cardoso	1737 West 37 St Unit 16	
X Add			Hialeah, FL 33012	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If ame</u> (Attacl	ending or adding additional Artic hadditional sheets, if necessary).	les, enter change(s) (Be specific)	<u>here</u> :		
N/A	action of the second of the se	(in specific)			
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F. <u>If an a</u>	amendment provides for an excha	inge, reclassification	, or cancellation	of issued shares,	
<u>prov</u>	isions for implementing the amen (if not applicable, indicate N/A)	dment if not contair	<u>red in the amendi</u>	nent itself:	
N/A	, , , , , , , , , , , , , , , , , , ,				
					
-					
			·		
	- 			<u>.</u>	
		· - ···			

The date of each amendment date this document was signed	t(s) adoption:	, if other than the
Effective date if applicable:	11/16/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/web by the shareholders was/web.	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wee must be separately provide	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
12/15 Dated	/2017	
Signature _	46447	
(f) Se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	Eloisy Rodriguez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	