P1400050499

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON: EL DANDY COR	P			
DOCUMENT NUMBER					
The enclosed Articles of A		bmitted for filin	g.		
Please return all correspor	dence concerning this ma	tter to the follow	ing:		
YA	SSER LEAL				
		Name of Cor	nact Persor	 	
EL	DANDY CORP				
		Firm/ Co	ompany		
575	55 W FLAGLER ST 103	-104			
	Address				
MD	AMI FL 33144				
		City/ State ar	nd Zip Code	2	
yasser10	06@yahoo.com				
	E-mail address: (to be us	sed for future an	nual report	notification)	
For further information co	ncerning this matter, pleas	se call:			
YASSER LEAL		at ('86 	205-0353	
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for the	e following amount made	payable to the F	lorida Depa	ortment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fili Certified Co (Additional enclosed)	ору	☐S52.50 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 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

EL DANDY CORP (Name of Corporation as currently filed with the Florida Depre of State) P14000050499 (Document Number of Corporation (if known) LLANAUSLE, FLEXILA 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: 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE 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 registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _, Florida_ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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 ddditional 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	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	D	OSVALDO LEAL	5091 NW 7 ST APT 515	
Add			MIAMI FL 33126	
X Remove				
2) Change				
Add				
Remove				
3)Change		-		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		-		
Add				
Remove				
) Change				
Add				
Remove				

If amending or adding additional Art (Attach additional sheets, if necessary).	(Ra pracific)
(Attach additional sheets, if necessary).	(ne specific)
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If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
'A	
	· · · · · · · · · · · · · · · · · · ·

	09/10/2018	
The date of each amendment(s date this document was signed.	adoption;	, if other than the
	9/10/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	t file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing rec	
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 sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the a	g following statement mendment(s):
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	I
by	(voting group)	
	(voting group)	•
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder act	ion and shareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action a	nd shareholder
09/10/2 Dated Signature		
sele	director, president or other officer – if directors or office ted, by an incorporator – if in the hands of a receiver, truinted fiduciary by that fiduciary)	ers have not been istee, or other court
	YASSER LEAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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