## P14000599:363

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JENVALY INC				
DOCUMENT NUMB	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	BENITO CRUZ MORALES				
•	Name of Contact Person				
	JENVALY INC				
,	Firm/ Company				
	5303 WENDALEES CT	, ,			
		Address			
	ORLANDO FLORIDA 3281	12			
		City/ State and Zip Cod	e		
BENI	TOCRUZ473@GMAIL.CON	<b>N</b> 1			
	••	sed for future annual report	notification)		
	n concerning this matter, pleas		400 5307		
Name of Contact Person		at (	-109-5397		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Fiting 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)		
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 Articles of Incorporation

	of Incorporation
	of Incorporation of States NOV -5 P & 3
ENVALY INC	2Pio
(Name of Corporation as cur	rrently filed with the Florida Dept. of State 100 -5 P kg
14000099363	
(Document Num	aber of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the corporation	m:
//A	The new
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS )	
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
If any adjace the analysis and any adjacent of the	and decorate the District of the Control of the Con
If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
N/A	
Name of New Registered Agent	
	rida street address)
(Flor. New Registered Office Address: N/A	rida street address), Florida (Cuv) (Zip Code)

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	<u>Name</u>	<u>Addres</u> s
l) Change	Р	BENITO CRUZ	5303 WENDALEES CT
Add			ORLANDO FL 32812
X Remove			
2) Change	VP	GEYBY J RODRIGUEZ	5303 WENDALEES CT
Add			ORLANDO FL 32812
X Remove			
3) Change	P	KARLA CRUZ	1256 LOCAYA DR
X Add			ORLANDO FL 32824
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
F. 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/A)	
N/A	

The death of the decision of the second	10/31/2018	100 - 200 - 200 - 200
The date of each amendment(s) date this document was signed.	adoption;	if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	fill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a 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 for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ea	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/ Signature(By	a director president or other officer – if directors or officers have not been	
sele	cted, by an incorporator 1 if in the hands of a receiver, trustee, or other court of inuciary by that fiduciary)	
	BENITO CRUZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	