P15000056899

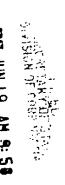
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COVER LETTER

May July 19 M 9: 50 TO: Amendment Section Division of Corporations NAME OF CORPORATION: Nuci Inc DOCUMENT NUMBER: P15000056899 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jennifer Anglin Name of Contact Person Nuci Inc. Firm/ Company 5300 Woodlands Blvd Address Tamarac, FL 33319 City' State and Zip Code janglin1211@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 593-3932

Area Code & Daytime Telephone Number Jennifer Anglin Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

S35 Filing Fee

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

□S43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

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

□\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

Nuci Inc.		*	ુ
(Name o	of Corporation as currentl	y filed with the Florida Dept, of State)	 م
215000056899			4
-	(Document Number o	f Corporation (if known)	_ - -41
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corporation adopts the following amendm	ent(s
A. If amending name, enter the new na	ime of the corporation:		
Eljenn Inc.		The nev	ı,
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	ation "Corp," "Inc." or "	n." "company," or "incorporated" or the abbreviatio. Co". A professional corporation name must contain th P.A."	1 '
3. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7875 NW 57th Street	
		Fort Lauderdale, FL 33351	
		Unit 25491	
If amending the registered agent an new registered agent and/or the new	id/or registered office add w registered office address	ress in Florida, enter the name of the	•
Name of New Registered Agent	Jennifer Anglin		
<u>Name of New Registerea Agent</u>	5300 Woodlands Blvd, Ta	marae, FL 33319	
		— <u>————————————————————————————————————</u>	
	(Florida str	veet address)	
New Registered Office Address:	(Florida sti	eet address) , Florida	

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 De	<u>1C</u>				
X Remove	<u>V</u>	Mike Jo	<u>nes</u>				
\underline{X} Add	<u>sv</u>	Sally Sn	nith				
Type of Action (Check One)	Title		Name			Address	
1) Change							
Add							
Remove							
2) Change				-			
Add							
Remove							
37Change							
Add							
Remove							
4) Change		_					<u> </u>
Add							
Remove							
51 Change		_					
Add							
Remove							
6) Change		<u>-</u>					_
Add							
Remove							

(Attach additional sheets, if neces	i <mark>al Articles, enter change</mark> ssary). (Be specific)			
dding: Article III - Purpose - Staff	ing & Consultation Service	es		
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			<u></u> -	
				
				
				
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			 _	
				
			 	
If an amendment provides for	an arabana and arciffon	tion or consollation of	icenad charas	
provisions for implementing t	he amendment if not con-	tained in the amendme	nt itself:	
(if not applicable, indicate	N/A)			
Α				
				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
tho more than 90 days after amendment file dater	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
hy	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
06/01/2017 Dated	
Signature	
(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 appointed fiduciary by that fiduciary)	
Jennifer Anglin	
(Typed or primed name of person signing)	
President	
(Title of person signing)	