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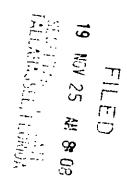
(Re	equestor's Name)	
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(Ac	ddress)	33333 <u></u>
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JAN 0 6 2020

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EL FOGON DRE	AMS CORP	
DOCUMENT NUMI	BER: P15000074587		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	itter to the following:	
	JULIO C DE LOS RIOS		
		Name of Contact Person	- <u> </u>
	DLR PROFESSIONAL SER	VICES INC	
		Firm/ Company	
	2500 HOLLYWOOD BLVE	• •	
		Address	7.1182.0.1.2
	HOLLYWOOD, FL 33020	radiess	
		City/ State and Zip Cod	e
DI R	CORP@AOL.COM		
	-	sed for future annual report	notification)
	E-man address. (to be a.	sed for fatare annual report	notification)
For further information	n concerning this matter, pleas	se call:	
JULIO C DE LOS RI	ne	054	7660717
		at () 2009717
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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 Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

EL FOGON DREAMS CORP

(Name of Corporation as c	currently filed with the Florida Dept. of State)
P15000074587	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporat	tion:
	The new poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the station "P.A."
B. Enter new principal office address, if applicable:	3215 DAVIE BLVD
(Principal office address <u>MUST BE A STREET ADDRESS</u>	FORT LAUDERDALE, FL 33312
	5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2500 HOLLYWOOD BLVD
	SUITE 208
	HOLLYWOOD, FL 33020
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ice address in Florida, enter the name of the
Name of New Registered Agent	
	lorida street address)
New Registered Office Address:	
New Registerea Office Adaress.	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
	CV D
Signature o	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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ALEX F AMADOR	3810 DAVIE ROAD
Add			UNIT 2108
X Remove			DAVIE, FL 33024
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
	-	
		·
· · · · · · · · · · · · · · · · · · ·		<u></u>
· · · · · · · · · · · · · · · · · · ·		
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cance idment if not contained in the a	<u>llation of issued shares,</u> amendment itself:
(if not applicable, indicate N/A)		
		<u> </u>
· · · · · · · · · · · · · · · · · · ·		-

· •	11/06/2019	
The date of each amendment(s) a		, if other than th
date this document was signed.	2.102.10	
Effective date <u>if applicable</u> :	06/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendatifficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following start 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	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and sharehold	er
11/6/2019 Dated Signature		
(By a c	lirector, president or other officer – if directors or officers have not led, by an incorporator – if in the hands of a receiver, trustee, or other	
арроп	ited fiduciary by that fiduciary)	
	ISIS F CORDOVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	