P/500088011

(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Docu	iment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fil	ing Officer:	
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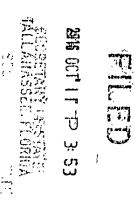
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COVER LETTER

Division of Corporations	
NAME OF CORPORATION:	INC-
DOCUMENT NUMBER: 015000	0088011
The enclosed Articles of Amendment and fee are submitted for fil	ing.
Please return all correspondence concerning this matter to the following	owing:
MONICA TA.	NASE
(Name of C	Contact Person)
(Firm/	Company)
#7725/1500 BAY ROAD	, 33139 MIAMI (FL
, / (Ać	(ddress)
(City/ State	and Zip Code)
MONICATAINASE OF HOIM	ALL. COM
E-mail address: (to be used for future a	
For further information concerning this matter, please call:	
MONICA TANASE	305 833 3383
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	Florida Department of State:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$43.75 F \\ Certificate of Status Certified (Addition enclosed)	Copy Certificate of Status al copy is Certified Copy
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2016

MONICA TANASE 1500 BAY RD #7725 MIAMI, FL 33139

SUBJECT: ELMO INC.

Ref. Number: P15000088011

We have received your document for ELMO INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a profit corporation. The document you sent in is for a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 616A00020131

NECEIVED

16 OCT 11 PH 12: 29

DIVISION OF SOFT CANAILST

Articles of Amendment

to
Articles of Incorporation

FILED

TIMO T	of	, V 330 112 112
EVII FI		2916 OCT
(Name of Corporation as	currently filed with th	
(Y /5 000066	011	SCORETARY GUASTA TALLAHASSES FLOR
(Documen	t Number of Corporatio	n (if known)
Pursuant to the provisions of section 607.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word " o "Company" or "Co." may not be used in the name	corporation" or "incorp	orated" or the abbreviation "Corp." or "Inc."
D Francisco office discontinuity		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
-		
	**	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(X)	
min sant ost of the so	<u> </u>	
		
D. I Camandina the market and a surface of the surf		
 If amending the registered agent and/or register new registered agent and/or the new registered 		orida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
	•,	
-	(City)	, Florida (Zip Code)
	Cuy	(Zip Code)
New Registered Agent's Signature, if changing Reg		
I hereby accept the appointment as registered agent.	i am jamiliar with and c	accept the obligations of the position.
	Signature of Non	Registered Agent, if changing
	Signature oj New	Registereu Agent, ij criunging

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 X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	P_	France Sanfani	CORSO S. GOTTARDO SHC- G830 CHÍASSO SWITZERLAND
2) Change Add	P	Monica Januse	
Remove 3)ChangeAdd			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

ttach additional sheets, if necessary).	cles, enter chang (Be specific)				
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
<u></u> ,	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the D	ock does not meet the applicable statutory filing requirements epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
was/were sufficient for approv		
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) tors.	s) was/were
Dated	26-07-2016)11-10e-1	
have not b	irman or vice chairman of the board, president or other officer een selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	
1	(Typed or printed name of person signing)	
	(Title of person signing)	······