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SECRETARY OF STATE

And

R. WHITE AUG 1 0 2018

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ELF MULTISUPP	LY CORP	
DOCUMENT NUMBER: Pl	6000017727		
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.	
Please return all correspondenc	e concerning this ma	tter to the following:	
CESAR	MENESES		
		Name of Contact Persor	1
	.	Firm/ Company	· · · · · · · · · · · · · · · · · · ·
8020 N	W 60TH ST		
MIAMI	FLORIDA 33195	Address	
		City/ State and Zip Code	2
CMENESES(GPS-AIR.COM		
E-r	nail address: (to be us	sed for future annual report	notification)
For further information concer	ning this matter, pleas	se call:	
CESAR MENESES		at (<u>305</u>	de & Daytime Telephone Number
Name of Conta	et Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	irtment of State:
	43.75 Filing Fee & Tertificate 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

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2018 AUG -9 AM 10: 22

ELF MULTISUPPLY CORP

(Name of Corporation as currently filed with the

P16000017727 (Document Number of Corporation (if known) 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 "PA." 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 | N / N (Florida street address) New Registered Office Address: 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 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doc			
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) X Change	VP	JOSE MANUEL CALVO	8020 NW 60TH ST MIAMI		
Add			FLORIDA 33195		
Remove					
2) Change	Р	FREDDY CARRION	8020 NW 60TH ST MIAMI		
X Add			FLORIDA 33195		
Remove					
3) Change			NA		
Add					
Remove					
4) Change			N/A		
Add					
Remove					
5) Change			N/A		
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A.	(inc. iq. co., inc. inc. inc. inc. inc. inc. inc. inc.
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F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amenument user:
N/A.	
	

	07/30/2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
	07/31/2018	
Effective date <u>if applicable</u> : _	, , , , , , , , , , , , , , , , , , , ,	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
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 the amendment(s) e 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 o	east 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 7	130/101	
Signature 💯 ,		
(By	a director./president or other officer – if directors or officers have not been	~
	eded, by ah incorporator – if in the hands of a receiver, trustee, or other court	
арр	pointed fiduciary by that fiduciary)	
	JOSE MANUEL CALVO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	