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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: XCHEL ENTERF	PRISES, INC.	***
	BER: P16000077508		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	IXCHEL BUSTILLO		
		Name of Contact Persor)
	IXCHEL ENTERPRISES, IN	NC.	
		Firm/ Company	
	633 NW 42ND STREET		<u></u>
		Address	
	OAKLAND PARK, FL 3330		
		City/ State and Zip Code	2
	IXCHELENTERPRISES@G		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
IXCHEL BUSTILLO)	at (954	248-0964
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address cendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

IXCHEL ENTERPRISES INC			
(Name of Corporation	on as currently filed with the	Florida Dept. of State)	
P16000077508	· · · · · · · · · · · · · · · · · · ·		
(Docum	nent Number of Corporation (in	f known)	
Pursuant to the provisions of section 607,1006, Florida ts Articles of Incorporation:	a Statutes, this <i>Florida Profit C</i>	Corporation adopts the following	owing amendment(s)
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "co "Inc" or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Co". A professional o		
3. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD			
			
			5~3
S. Para and a St. and dament of a matter than			71,
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(X)		71 J.33
			<u></u>
			—————————————————————————————————————
	.		<u> </u>
). If amending the registered agent and/or register	red office address in Florida,	enter the name of the	വ
new registered agent and/or the new registered	office address:		ယ
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·		
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg		the chientines of the socie	day.
hereby accept the appointment as registered agent.	i am jamiliar with and accept	ine onugations of the posit	ion.
Signo	ature of New Registered Agent,	if changing	
	·		
Check if applicable			

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
_X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
	VP	MERY CRACCHIOLO	633 NW 42ND STREET
1) Change X Add			OAKLAND PARK, FL 33309
Remove			
2) Change	D	ALECIA T. THOMAS	7478 NW 17th DRIVE
X Add			PEMBROKE PINES. FL 33024
Remove Change			
Add			
Remove			
4) Change			
Add		,	
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
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f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

. . . . --

. The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action as action was not required.	nd shareholder
■ 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	
by	
(voting group)	
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)	
IXCHEL BUSTILDO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	·