P14000094388

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Amend

JAN 0 4 2017 I ALBRITTON

COVER LETTER

TO: Amendment Secti Division of Corpo			
NAME OF CORPOR	DUCAR	<u>national</u> 296388	Emperors Inc
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	,	Name of Contact Person SW 208 Firm/ Company Address City/ State and Zip Code and for future annual report	Lane 23189 4 33189 mail com
For further information	concerning this matter, pleas	e call:	
Jorge	Vascone 2 f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State;
\$35 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 Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, 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

Themst	lom	of	26 W	r < 11	\checkmark		
(Name of Corpo	ration as currer	ntly filed v	vith the Flor	da Dept. of St	ate)		
P. 16000091	6388			•			
(Do	ocument Number	r of Corpor	ation (if knov	vn)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, th	is <i>Florida</i> .	Profit Corpo	ration adopts t	ne following	amendi	ment(s) t
A. If amending name, enter the new name of th	e corporation:						
						The ne	ew
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	Corp," "Inc," or the abbreviatior able:	r "Co". A	mpaṇy, or professional	corporation n	ame must c	oreviani oritain t	on he -
		-			• .	~	_
					· ·		,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)					- i	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					47.4	ප්	· · · · · · · · · · · · · · · · · · ·
						- 1	
D. <u>If amending the registered agent and/or regi</u>	istered office ad	dress in F	lorida, enter	the name of t	he .		
new registered agent and/or the new register					<i>پ</i> س	Rint	
Name of New Registered Agent	·						
	(Florida	street addre	ess)				
New Registered Office Address:				, Flori			_
	•	(City)			(Zip C	ode)	
New Registered Agent's Signature, if changing							
I hereby accept the appointment as registered agen			accept the ob	oligations of the	e position.		
S	Signature of New	v Registered	d Agent, if ch	anging			

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> <u>J</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	7	Maria E Herrera	10370 Sw 28 Care
Add			Citter bay 3318
Remove			
2) X Change	$\overline{\varphi}$	Torge Vasionez	10370 Sw208 Lr
Add			CUTIER DUY 3311
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			. ·
Add			
Remove			
6) Change			
Add			
Remove			

, , , , , , , , , , , , , , , , ,	rticles, enter change(s) here:). (Be specific)
	<i>!</i>
<u>-</u>	
rovisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 12 24 16	if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 da	ys after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	iber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were suf-	ficient for approval
by(voting group)	·
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without saction was not required.	hareholder action and shareholder
Dated 12 24 16	_
Signature (By a director president or other officer –	if directors or officers have not been
selected, by an incorporator – if in the har	
appointed fiduciary by that fiduciary)	
Jorge Vosco	\e7
Typed or printed name	of person signing)
	74.
(Title of pe	rson signing)