P16000101609

(Re	equestor's Name)	
(Ad	ldress)	
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SECRETARY OF STATES

JAN 2 6 2017 C LEWIS

³ COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: $\stackrel{\hbox{\scriptsize E\& J OF TAMPA INC}}{-}$ DOCUMENT NUMBER: P16000101609 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JORGE ESTIU Name of Contact Person E & J OF TAMPA INC Firm/ Company 3204 W KIRBY ST Address TAMPA, FL 33614 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 909-0075

Area Code & Daytime Telephone Number JORGE ESTIU Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **\$35** Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation of

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JEER!	TARY OF SIA	l į
REICIAN	OF CORE CAR	(

E+J OF	Tams	a FIC	2017 JAN 23 PM 3:5
(Name of Corp		filed with the Florida I	Dept. of State)
,	P160001	01609	
(C	Occument Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:		Florida Profit Corporatio	<i>n</i> adopts the following amendment(s)
A. If amending name, enter the new name of t	he corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp, " "Inc, " or "C	Co". A professional corp	
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>			
•			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	E BOX)		
·			
D. If amending the registered agent and/or renew registered agent and/or the new regist			name of the
Name of New Registered Agent			.,
	(Florida stre	et address)	
New Registered Office Address:			. Florida
	1	(City)	(Zip Code)
		•	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag			tions of the position.
	Signature of New Re	egistered Agent, if changi	ing

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 Do	<u>c</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u> .	<u>Address</u>
1) Change	D		ELOY MARTINEZ	3204 W KIRBY ST
X Add				TAMPA, FL 33614
Remove				
2) Change		-		
Add				
Remove				4
3) Change	<u>. </u>	_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Damoua				

L. If amend (Attach a	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)
•	
	
Y #	
H an am	ndment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself:
(if r	of applicable, indicate N/A)
•	
· · · · · ·	

The date of each amendment(s) :	ndoption:	t !! if other than the
date this document was signed.		SECRETARY OF STATE
Effective date if applicable:	(no more than 90 days after amendment file date)	-2017-JAN-23-PM-3: 51
	(no more than 90 days after amendment file date)	344 52 LM 7:21
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, repartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendufficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendments.	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	1
by	$\mathcal{F}_{i} = \mathcal{F}_{i}$; :
• •	(voting group)	i de la companya de l
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareho	lder
Dated 01/	19/19	
Dated Off	La	
(By a) select	director, president or other officer – if directors or officers have no ed, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	JORGE ESTIU	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	