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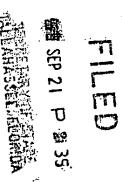
(Re	questor's Name)	<u> </u>
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SEP 22 2017 T. LEPMEUK



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: E & J OF TAMPA	INC	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
1	ELOY MARTINEZ		
-		Name of Contact Person	1
ì	E&JOFTAMPA INC		
		Firm! Company	
3	3204 W KIRBY ST		
-		Address	
,	TAMPA, FL 33614		
-		City/ State and Zip Cod-	<u> </u>
		, i	
emolta	mpainc@gmail.com	· · · · · · · · · · · · · · · · · · ·	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ELOY MARTINEZ		at (⁸¹³	541-3757 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Innent Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	O	of .		
E & J OF TAMPA INC				
(Name	of Corporation as curren	tly filed with the Flor	ida Dept. of State)	
P16000101609				
	(Document Number	of Corporation (if knov	wn)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corpo	pration adopts the following amendme	ent(s) to
A. If amending name, enter the new na	nme of the corporation;			
			The new	١,
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professionai	"incorporated" or the abbreviation I corporation name must contain the	1 2
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
	,			
D. If amending the registered agent ar new registered agent and/or the ne			the name of the	
	ELOY MARTINEZ	331		
Name of New Registered Agent	3204 W KIRBY ST			
		treet address)		
H . B	TAMPA, FL	arer anarenay	33614	
New Registered Office Address:		(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Ager	<mark>it:</mark> " with and accent the or	hlivarious of the nosin	
Thereby weeth one appointment as regist	erea agent. Tam jamuun	win and accept me of	The state of the s	
			SE SE	

Page 1 of 4

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, (finecessary)

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	JORGE A ESTIU	3204 W KIRBY ST
Add			TAMPA, FL 33614
X Remove			
2) Change	P	ELOY MARTINEZ	3204 W KIRBY ST
XAdd			TAMPA, FL 33614
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
		_
		,
It an amendment provides for an exclusions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption: date this document was signed.	if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 east for the amendment(s) was/were sufficient for approval	
by	
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
09/06/2017 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)	
ELOY MARTINEZ	
(Typed or printed name of person signing)	·
PRESIDENT	
(Title of person signing)	-