PITOCOCOTA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ESNAY GA	RCIA ENTERPI	RISES CORP
DOCUMENT NUMB	ER: P170000028	2	
	of Amendment and fee are suf		
Please return all corres	pondence concerning this mat	ter to the following:	
	Esnay Garcia		
•	·	Name of Contact Persor	l
	Esnay Garcia Ent	erprises Corp	
•		Firm/ Company	
	101 NW 61 Ave	, ,	
•	·-	Address	
	Miami, FL 33126		
•		City/ State and Zip Code	
coto	oluis@bellsouth.n	et	
		ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Esnay Garcia		_{31,7} 786	, 383-9232
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rrtment 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)
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assec, FL 32301

Articles of Amendment

Articles of	Incorporation of
ESNAY GARCIA ENTERPRISES COR	
(Name of Corporation as currently filed with th	
P1700000282	
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N/A	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	tion," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	SAME
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent NO CHANGE	
	i street address)
Now Revistered Office Address:	Florida

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

Signature of New Registered Agent, if changing

(City)

(Zip Code)

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>John Doe</u>	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	ELVIA R. HERNANDEZ	101 NW 61 AVE
X			MIAMI
Remove			FL 33126
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add -			
Remove			

E. If amending or adding additional Arti	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
	· · · · · · · · · · · · · · · · · · ·
<u></u>	<u> </u>
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	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
• • • • • • • • • • • • • • • • • • • •	
NO	
	

The date of each amandment(s) a	doption: OCTOBER 2, 2017
\sim	CTOBER 1, 2017
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement 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:	···
	(voting group)
action was not required. The amendment(s) was/were add	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	_
Signature N	125/2017
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	ESNAY GARCIA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)