## P17000017952

(Re	questor's Name)	
(1.5		
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
		<del></del>
(Bu	isiness Entity Name)	l
(Do	cument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

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TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Fenja E&L Corp
T The state of the
DOCUMENT NUMBER: <u>P17 0600 17 96 2</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edvardo I. Bautista  Name of Contact Person
Fenix Ell Corp
684 Alhambra Rd SE Address
684 Alhambra Rd SE  Address  Palm Bay, Ft 32909  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)  Fenixeand corp agmail.com
For further information concerning this matter, please call:
Edvardo I - Bavtista at (321) 604-7693  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certificate Oppy is enclosed)

**Mailing Address** 

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Fenix Ed L Corp.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P170000 17952	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or $Co.$ ," or the designation "Corp.," "Inc," or "Coword" chartered," "professional association," or the abbreviation "P	o". 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> )	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent    Lymari   D.	Ortiz
N/A (So	et address)
New Registered Office Address: Lymon Out	., Florida
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi  Signature of New Registered Signature.	gistered 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, 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Lymari D. Ortiz	684 Alhambra Rd SE
Add			Palm Bay, FL 32909
Remove			
2) Change	<u>vP</u>	Edvardo I. Bautista	684 Alhambra Rd SE
Add			Palm Bay, FL 32909
Remove 3) Change			
Add			
Add			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
N/A	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y not application, material inity	
. N . A	
VIA	
VIA	
VIA	
N1A	
VIA	
NIA	
NIA	
NIA	
NIA	

The date of each amendment(s) adoption: \( \mathcal{N} \) \( \math	, if other than the
Effective date <u>if applicable</u> : $N/A$ (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ndment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder.	
action was not required.	
Dated 05/16/2017	
(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	
Eduardo I. Bautista	
(Typed or printed name of person signing)	
VΡ.	
(Title of person signing)	