P17100042159

(Re	questor's Name)	, , , , , , , , , , , , , , , , , , ,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
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SECRETARY OF STANK

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: EMIROSALES CO	ORP	
DOCUMENT NUMBE	R: P17000042159		
	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
E	MILIO GORT		
_		Name of Contact Persor	1
Е	MIROSALES CORP		
_		Firm/ Company	
1	1470 SW 5 TH TER	, company	
_	-	Address	
M	IIAMI, FL 33174		
		City/ State and Zip Code	2
EMIGO	RT@GMAIL.COM		
	•	sed for future annual report	notification)
			,
For further information of	oncerning this matter, pleas	se call:	
EMILIO GORT		at (305) 5088793 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	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)
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

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EMIROSALES CORP

EWIROSALES CORF	CEANE TANK II
(Name of Corporation	n as currently filed with the Florida Dept of State)
P17000042159	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	0
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	•
New Registered Agent's Signature, if changing Regi	stered Agent: I am familiar with and accept the obligations of the position.
Thereby accept the appointment as registered agent.	umjummur with and accept the obligations of the position.
Signa	ture 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, 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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>v</u>		KARLEN TRIMINO	831 NW 1 AVE
X Add				HOMESTEAD, FL, 33030
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		-
		<u>.</u>
	· ·	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	Manager II Hot Boltanies III The Miles Manager Court	
orovisions for implementing the amer (if not applicable, indicate N/A)	<u></u>	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
orovisions for implementing the amer (if not applicable, indicate N/A)		
provisions for implementing the amer (if not applicable, indicate N/A)		
provisions for implementing the amer (if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

	06/17/2017	
The date of each amendment	s) adoption:	, if other than the
date this document was signed.		
	06/17/2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date were Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder	
- 06/17/	2017	
Dated	(Ego-	
(B se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	EMILIO GORT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	