

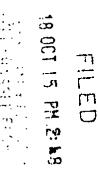
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



000319232380

10/16/18--01025--017 ++35.00

S TALLENT OCT 23 2018



prad

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AMJ EU INVESTMENT GROUP, INC
DOCUMENT NUMBER: P17000100740
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LISBETH ARREAGA
Name of Contact Person
AMJ EU INVESTMENT GROUP, INC
Firm/ Company
11030 SW 15th MANOR
Address
DAVIE, FL 33324
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
LISBETH ARREAGA at (602) 423 4197
Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Set 1.75 Filing Fee & Set 2.75 Set 2.50 Se
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

AMJ EU INVESTMENT	GROUP, INC.
-------------------	-------------

(Name o	Corporation as curren	tly filed with the Florida Dept. of State)	
P17000100740			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name,	me of the corporation:		
	tion "Corp," "Inc," or	ion," "company," or "incorporated" or the ac "Co". A professional corporation name must on "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Muiling uddress MAY BE A POST OFFICE BOX)		11030 SW 15th MANOR	
		DAVIE. FL 33324	
			FILED
D. If amending the registered agent and new registered agent and/or the new			· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	LISBETH .	ARREAGA	
_	11030 SW 15 th I	MANOR	
	(Florida st	treet address)	
New Registered Office Address:	DAVIE	Florida 3332	
New Registered Agent's Signature, if charter the second second the appointment as register as register the second	red ugent. 1 am familiar	(City) (Zip C t: with and accept the obligations of the position. Begistered Agent, if changing	ouej
	// /	y88	

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>	Name	<u>Addres</u> s
1) X Change		YENIS ABELLA RODRIGUEZ	444 BRICKELL AVE
Add			SUITE P56
Remove			MIAMI, FL 33131
2) X Change	CEO	JUAN M MAYORAL	444 BRICKELL AVE
Add			SUITE P56
Remove			MIAMI, FL 33131
3) Change		MYRJAM P ARREAGA	
X Add			
Remove			
4) Change	<u>'P</u>	LISBETH ARREAGA	
X Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
			 	
 				
			<u>,</u>	•
				•
		:		
				
· — — -				
an amendment provides for an exchan	ge, reclassification, or	cancellation of issue	ed shares,	
orovisions for implementing the amend (if not applicable, indicate N/A)	nent it not contained i	n the amendment it:	<u>selt:</u>	
YENIS ABELLA RODRIGUEZ 20%	ı			
JUAN M MAYORAL 20%				
LISBETH ARREAGA 30%				
MYRIAM P ARREAGA 30%				
				
		·= ····		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(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, this date will need document's effective date on the Department of State's records.	ot 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 cast for the amendment(s) was/were sufficient for approval	
by	
(voting 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.	
Dated 10/4/2018 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)	
YENIS ABELLA RODRIGUEZ	
(Typed or printed name of person signing)	
PRESIDENT/ REGISTERED AGENT	

(Title of person signing)