P18000034403

(Re	questor's Name)			
(Ad	dress)	41.		
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
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TALLAMASSOCIATIONS

Amend

MAY 1 4 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EMPORIUM ENT	ERPRISES INC.		
DOCUMENT NUMI	BER: P18000036403			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	DELIA ANGEL			
		Name of Contact Person	n	
	EMPORIUM ENTERPRISE	\$ INC.		
		Firm/ Company		
	14014 S.W. 154 STREET			
		Address		
	MIAMI FL 33177			
		City/ State and Zip Cod	9	
dange	elhomes@yahoo.com			
		sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
DELIA ANGEL		at (486-7489	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the 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		Amend Division	Address Iment Section on of Corporations	
	. Box 6327 ahassee. FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EV	IPOI	RILIM	FNT	ERPR	ISES	INC

(Name of Corporation as curren	ntly filed with the Florida De	ot. of State)	
P18000036403			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation	adopts the following amendmen	ıt(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 "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpo		
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable:	N/A		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	 		
			ار الماريخ ا
			ļ .
D. If amending the registered agent and/or registered office ad	ldress in Florida, enter the na	ime of the	
new registered agent and/or the new registered office addre			
Name of New Registered Agent			
(Florida .	street address)		
New Registered Office Address:		_, Florida	
	(City)	(Zip Code)	
•			
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		ns of the position	
co, accept the appointment an regime to agent um jumino	wim woods into conguno	and by the properties.	
Cianatura - CM	. Pagistawad Agast if abassis	<u> </u>	
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, if necessary)

Remove

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>ones</u>	
X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P		Delia Angel	14014 SW 154 Street
X Add				Miami Fl 33177
Remove				
2) Change		_		
Add				
Remove				_
3) Change		_		
Add				
Remove				·
4) Change	···	····		
Add				
Remove				
5) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
6) Change				
Add				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NIA
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

The date of each amendment(s) ac	loption:	5/8/2018		, if other than the
date this document was signed.				
Effective date <u>if applicable</u> :	(no mor	e than 90 days after amend	dment file date)	
	(no mor	e man >0 aays after amen	imeni jile uulej	
Note: If the date inserted in this be document's effective date on the De			ng requirements, this date wil	I not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>IE</u>)		
☐ The amendment(s) was/were ado by the shareholders was/were su		ers. The number of votes of	east for the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendment(s)	was/were sufficient for app	proval	
by			**	
	(voting group)		
☐ The amendment(s) was/were add action was not required.	pted by the board of d	lirectors without sharehold	er action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporat	tors without shareholder ac	tion and shareholder	
Dated	5/8/2018	?		
Signature	Ult		CC	
` •	•	ther officer – if directors or - if in the hands of a receive		
	ed fiduciary by that fi		,	
	De	elia ANGE		
	(Typed or	printed name of person sig	ming)	
		President		

(Title of person signing)