## P18000036646

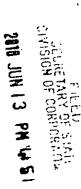
(Requestor's N	lame)
(Address)	
(Address)	
(City/State/Zip.	(Phone th
(City/State/Zip	renone #)
PICK-UP WA	MAIL MAIL
(Business Enti	ity Name)
(Document Nu	mber)
,	,
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	er:
	•
<u> </u>	

Office Use Only

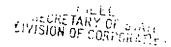


900313753569

05/25/18--01012--025 \*\*85.00



1111 18 2018 NAMPANN :



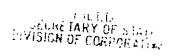
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

2810 JUN 13 PM 14 51

NAME OF CORPORATION:
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:  Patricia CRUZ  Name of Contact Person  RTA Services LCC  Pirm/ Company  Address  Address  Address  City/ State and Zip Code  The Services LC O 9 mail - Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Area Code & Daytime Telephone Number   Particular   Partic
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  (Additional copy is enclosed)  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



9810 II III

ENG Ren	10 de lin	<del></del>		PM 44 51
(Name of Corpo		fifed with the Florida D	ept. of State)	
P180	<del></del>	0646		
(D	ocument Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	forida Statutes, this <i>Fl</i>	orida Profit Corporation	adopts the follow	ing amendment(s
(A.) If amending name, enter the new name of the	he corporation:			
E & G Pierr	nodeling	JINC.		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Gword "chartered," "professional association," of	word "corporation; Corp," "Inc," or "Co	"company," or "inco o". A professional corp		
B. Enter new principal office address, if applied (Principal office address MUST BE A STREET	cable:			
(Principal office address <u>MUST BE A STREET</u>	ADDRESS )			
C. Enter new mailing address, if applicable:	E DAY)			
(Mailing address MAY BE A POST OFFICE	<u>: 803</u> )			
				<del></del> _
D. If amending the registered agent and/or reg	pistered office addres	ss in Florida, enter the r	name of the	
new registered agent and/or the new register				
Name of New Registered Agent				
/				
	(Florida stree	ı address)		
New Registered Office Address:			. Florida	
	(0	lity)		p Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	<u>t Registered Agent:</u> ent. – I am familiar wii	th and accept the obligat	ions of the position	·.
	<b>y</b>			
•				<del></del>
	Signature of New Reg	gistered Agent, if changin	ig	



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>e</u>		
X Remove	<u>V</u>	Mike Jo	nes		
<u>X</u> Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_		-	
Add					
Remove					
2) Change		_			
Add					
Remove					
3 ) Change		_		_	· · · · · · · · · · · · · · · · · · ·
Add					
Remove				,	<del></del>
4) Change					
Add		_		-	
Remove					
(1)					
5) Change		_ '		-	
Add				-	
Remove				•	
δ) Change				-	
Add				-	
Remove					

Mach additional sheets, if necessary). (Be specific)	
	<del></del>
	•
an amendment provides for an exchange, reclassification, or cancellation of issued shap provisions for implementing the amendment if not contained in the amendment itself:	res. NA
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	<i>F</i> *\
	·
<del></del>	<del></del> .

date this document was signed.	ioption:, it other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient 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)
	(voting group)
The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were addiction was not required.	opted by the incorporators without shareholder action and shareholder
Dated	8-2018
Signature	1 - 2018 Insmi Avida
	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)
арроп	Α.
	Erasmo Avila
	(Typed or printed name of person signing)
	President
	(Title of person signing)