P18000059317

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EMMAUS PROJE	CT MANAGEMENT INC			
DOCUMENT NUMI	BER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this mat	tter to the following:			
	MICHELLS MARTINEZ				
		Name of Contact Persor	1		
		Firm/ Company			
	15631 NW 52 AVE #106				
	Address				
	HIALEAH, FL 33014				
		City/ State and Zip Cod	e		
diana	amoncayos@yahoo.com				
- =	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
MICHELLE MARTINEZ) <i>2</i> 03-8830		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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			Address Iment Section		

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment
to
Articles of Incorporation
of

		of Amendment to	20/9 DEC 26 PH 4 1/3	
	Articles (of Incorporation of	SECOLO	
MMAUS PROJECT MANAGEMENT	INC		TO PHI	
	f Corporation as cur	rently filed with the Flor	ida Dept. of State	
18000059317 		1 60 2 161	Color	
	,	ber of Corporation (if know		
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes.	, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(
. If amending name, enter the new na	me of the corporatio	<u>n:</u>		
			The new	
ame must be distinguishable and cont Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," ion," or the abbrevia	or "Co". A professiona	l corporation name must contain the	
Enter new principal office address, Principal office address <u>MUST BE A ST</u>		HIALFAH FL 3	HIALEAH, FL 33014	
. Enter new mailing address, if applicable:		15631 NW 52 AV	/F #106	
(Mailing address MAY BE A POST (OFFICE BOX)			
		HIALEAH, FL 33	5014	
. If amending the registered agent an	d/or registered office	e address in Florida, enter	r the name of the	
new registered agent and/or the new	·			
Name of New Registered Agent	MICHELLE MART	INEZ		
	15631 NW 52 AVE			
		ida street address)	33014	
New Registered Office Address:	HIALEAH	(City)	, Florida(Zip Code)	
		(3,0,4)	(assign tersetter)	
w Registered Agent's Signature, if c			tti v vida vi	

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 Jones				
X Add	<u>sv</u>	Sally Sn	Sally Smith			
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) Change	P		DORY'S UZ	1186 NW 123 PL		
Add				MIAMI, FL 33182		
X Remove						
2) Change	P		MICHELLE MARTINEZ	15631 NW 52 AVE #106		
X Add				HIALEAH, FL 33014		
Remove						
3) Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
Change						
Add						
Remove						
Change						
		_				
Add						
Remove						

If amending or adding additional Artic Attach additional sheets, if necessary),	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u></u>

•	12/17/218	
The date of each amendment(s) a date this document was signed.	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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
12/17/201 Dated Signature	Chance Nardenil	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	MICHELLE MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	