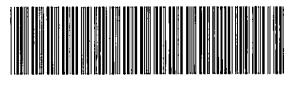


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LAW OFFICES

## MICHAEL ORTIZ, P.A.

1430 SOUTH DIXIE HIGHWAY SUITE 321 CORAL GABLES, FLORIDA 33146

TELEPHONE (305) 665-5270 FACSIMILE (305) 665-1112 E-MAIL: lawogiz@aol.com

September 5, 2018

By: Federal Express
PAKMAIL
Kanut Khosla
1563 Capital Circle SE
Tallahassee, FL 32301



3539-C Apalachee Parkway Tallahassee, FL 32311 (350) 309-7225

Re: Trivalley Limited, Allpine Worldwide Limited, Elisa 1502 Corp and Elisa 9A Corp Client Files Nos. 554Z, 554W, 787HH and 787H

Mr. Khosla:

<u>Worldwide Limited, to be presented at the Apostille Section to be Apostilled, and two (2)</u> Amendment documents to be presented to the Division of Corporations, Amendment Sections relating to Elisa 1502 Corp and Elisa 9A Corp.

In addition, I have enclosed a Michael Ortiz, P.A. check in the amount of \$80.00 covering and the Apostille certification fees, two Michael Ortiz P.A. checks in the amount of \$35.00 each covering the Amendment filing fees, and a Michael Ortiz, P.A. check in the amount of \$50.00 covering your fees.

Please contact me if you need further instructions regarding this matter. Thank you

Very truly yours.

Ambar Ramirez Assistant of Michael Ortiz, Esq. Michael Ortiz, P.A.

## Articles of Amendment to Articles of Incorporation of

Elisa 9A Corp			
(Name of Corporation as of P18000060722	currently filed with the Florida Dept. of	State)	
	umber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	, ,	s the following amendm	ent(s) t
A. If amending name, enter the new name of the corporat N/A	tion:		
name must be distinguishable and contain the word "cor," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	"." or "Co". A professional cornoration	The new d" or the abbreviation name must contain the	
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	)		
		7.H.	<u> șin</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6084 SW 163 Place	27 da	ا بند
	Miami, FL 33193	2	)
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent and/or the new registered agent agent and/or the new registered agent ag	e address in Florida, enter the name of	the	
Name of New Registered Agent N/A			
(Flor	rida street address)		
New Registered Office Address:	, Flor	ida	
	(City)	(Zip Code)	
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of th	e position.	
Signature of i	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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	ST	Michael Ortiz	1430 South Dixie Highway
Add			Suite 321
X Remove			Coral Gables, FL 33146
2) Change	ST	Maria Sanchez Torres	6084 SW 163rd Place
X Add			Miami, FL 33193
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
.5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
N/A	
-	
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself;
(g nor apprount, marcare 1974)	

	August 31, 2018	
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)	<del>-</del>
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 with epartment of State's records.	ill 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	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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)	
	(voting group)	
■ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
selecte	director, president of other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoir	nted fiduciary by that fiduciary)	
	Melha Grullon	
	(Typed or printed name of person signing)	<del></del>
	Director/President	
	(Title of person signing)	· •