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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	EL NETWORK S	OLUTIONS, INC.	
DOCUMENT NUMBER:	P18000065458		
The enclosed Articles of Amend	<i>ment</i> and fee are su	ibmitted for filing.	
Please return all correspondence	concerning this ma	atter to the following:	
		ERIKA LOZANO	
	·	Name of Contact Pers	on
	EI	NETWORK SOLUTION	NS, INC
	<u> </u>	Firm/ Company	
		640 NW 13th St. Apt 16,	
		Address	
	ВО	CA RATON, FL 33486	
		City/ State and Zip Co	de
	in 6	o@modernaccountants.coi	
E-ma		sed for future annual repor	
ij ma	iii dadressi. (to be u	see for finale united repor	t notification)
For further information concerning	ng this matter, plea	se call:	
LAURA OSORIO		at () 914-1147
Name of Contact	Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Der	partment of State:
	C		
-	3.75 Filing Fee & tilicate 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 Addr	<u>ess</u>	Stree	t Address
Amendment Section		Amendment Section	
Division of Corporations			ion of Corporations
P.O. Box 6327 Tallahassee, FL 32314			n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EL NETWORK SOLUTIONS, INC.

(Name of Corporation as current)	y filed with the Florida Dept. of State)	
P18000	<u>"'</u>	
	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	640 NW 13th STREET Apt 16	
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33486	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	640 NW 13th STREET Apt 16	
	BOCA RATON, FL 33486	
D. If amending the registered agent and/or registered office address		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	
(Florida str	eet address)	
New Registered Office Address:	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar v Signature of New R		

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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	C € O	JEISMY TATIANA GUERRERO	349 NORMANDY H
X Add			DELRAY BEACH, FL 33484
Remove			
2) Change			
Add			~····
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional / Attach additional sheets, if necessar	virticles, enter change(s) h	<u>ere</u> :
waen duaminul sheels, y hecessur	,). (be specific)	
		_
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	,	
		<u> </u>
	7	
		
		· · ·
		
f an amendment provides for an e	xchange, reclassification,	or cancellation of issued shares,
provisions for implementing the a (if not applicable, indicate N/A	<u>menament it not containe</u> \	d in the amendment itself:
(y not approasse; macute soss	,	
<u> </u>		
		
		

The date of each amendment(s	10/01/2018	, if other than the
late this document was signed.	y adoption.	, if other than the
	10/01/2018	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date v Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/01/2 Dated		
Signature	Eella dotano.	
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	ERIKA LOZANO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	