## P18000066922

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EL MONJE IMPO	RTS, CORP	
DOCUMENT NUMI	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	JUAN NIEVES		
		Name of Contact Person	1
	BUSINESS & NETWORK	SOLUTIONS, LLC	
		Firm/ Company	
	1050 E OSCEOLA PKWY		
		Address	<del></del>
	KISSIMMEE, FL 34744		
		City/ State and Zip Code	2
cs@t	onstaxes.com		
		sed for future annual report	notification)
	· ·	•	,
For further information	n concerning this matter, pleas	se call:	
JUAN NIEVES		321	2140925
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made j	payable to the Florida Depa	ertment 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

EL MONJE IMPORTS, CORP

(Name of Corporation as	s currently filed with the Florida Dept. of State)
P18000066922	
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation;	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
· · · · · · · · · · · · · · · · · · ·	The new
	corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>
	720 T
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	min m
	F
	<u> </u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
N D 12 14 2 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
	, , , , , , , , , , , ,
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)

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	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike_</u>	Jones .	
_X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DIR	TOMAS BRICENO	1050 E OSCEOLA PKWY
Add X Remove			KISSIMMEE, FL 34744
2) X Change	PCEO	JUAN NIEVES	1050 E OSCEOLA PKWY
Add			KISSIMMEE, FL 34744
Remove 3) X Change	VT	ZENEIKA GUZMAN	1050 E OSCEOLA PKWY
Add			KISSIMMEE, FL 34744
Remove			
4) Change		<u></u>	<u></u>
Add Remove			
5) Change			
Add	<del>-</del>		
Remove			
6) Change			
Add			
Remove			

<del></del>	
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)	
(g vor approximate vor)	
	···
	<del>.</del>
	<u> </u>
·	

The date of control of the	AUGUST 03, 2018	, if other than the
date this document was signed	· · · · · · · · · · · · · · · · · · ·	, it office than the
date this document was signed	 AUGUST 03, 2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date with Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	are adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
■ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
	GUST 03, 2018	
	By a director, president or other officer) – if directors or officers have not been	
S	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	JUAN NIEVES	
	(Typed or printed name of person signing)	······································
	PRESIDENT & CEO	
	(Title of person signing)	···