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SECRETARY OF STATE

MAR 31 2020 M. SOLOMON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: EL MONJE IMPO	RTS, CORP	
DOCUMENT NU	MBER: P18000066922		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	JUAN NIEVES		
		Name of Contact Persor	1
	BNS TAXES		
		Firm/ Company	
	1050 E OSCEOLA PKWY		
		Address	
	KISSIMMEE, FL 34744		
		City/ State and Zip Code	0
	cs@bnstaxes.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:	
JUAN NIEVES		at (_) 2140925
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

2020 HAR 20 PH 1: 53

Articles of Amendment Articles of Incorporation of

$\mathbf{F}\mathbf{I}$	MONTE	IMPORTS	$C \cap RP$
г. г.	1013 115 115	TOTAL OF LAY	CONT

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P18000066922		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
INTERNATIONAL FLORIDA INSTITUTE, CORP		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must co	viation "Corp.,"
B. Enter new principal office address, if applicable:	1050 E OSCEOLA PKWY	😋
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34744	2020 HAR
		R 20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1050 E OSCEOLA PKWY	PK PK
maning address Mart Mart Cont Control World	KISSIMMEE, FL 34744	I: 5
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent		
(Florida)	treet address)	
New Registered Office Address:	, Florida (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	1 <u>t:</u>	
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the posit.	on.
Signature of New	Registered Agent, if changing	
· ·	regarde ou regard, y changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)) (e), F.S.	

20 HAR 20 PH 1:

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)

Remove

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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			
Add			
Remove			
2) Change			\$ \(\bu_1\)
Add			
Remove 3) Change			5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Add			719
Remove			10 kg
4) Change			25
Add			
Remove			
5) Change	·····		
Add			
Remove			
6) Change			
Add			

77 - 17

MARCH 10, 2020			
	_, if othe	r than	the
date this document was signed.			
MARCH 10, 2020			
Effective date if applicable: (no more than 90 days after amendment file date)		-	
ino more man 90 days after amenament file date)			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will need document's effective date on the Department of State's records.	ot be lis	ited as	the
Adoption of Amendment(s) (CHECK ONE)			
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and slaction was not required.	harehold	er	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.			
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cont for the amendment(s) was/were sufficient for approval by MARCH 10, 2020 Dated Signature (By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) JUAN NIEVES (Typed or printed name of person signing)	SCHRETARY OF STATE	2020 MAR 20 PM 1: 53	
PRESIDENT & CEO			
(Title of person signing)		-	