

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
- (Bu	siness Entity Nan	
(,
	cument Number)	
(50	edition (Namber)	
Continue Continu	O-455A	
Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	

Office Use Only



000319802120

10/22/18--01017--028 **\$5.00

And

ZOUR OCT 22 PM 2: 51
SECRE MANY OF SHALE

R. WHITE 00T 2 9 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ENOSI Products.	Inc.				
DOCUMENT NUM	BER: P18000073017	·				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Adriana Fuentes					
	Name of Contact Person					
	ENOSI Products, Inc.					
		Firm/ Company				
	842 NE 209 ST APT, 105					
		Address				
	MIAMI, FL 33179					
		City/ State and Zip Code	e			
enos	iproducts@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
Jordan D. Chisolm		at (<u>305</u>	438-2447			
Name of Contact Person Area Code & Daytime Telephone						
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ortment of State:			
S35 Filing Fee	□S43.75 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)			
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

2018 OCT 22 PM 2: 54

ENOSI Products, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) SIAIE P18000073017 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE_A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: __, Florida_ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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: XChange	<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>	Name	<u>Addres</u> s
1) Change	Р	Adriana Fuentes	842 NE 209 ST APT. 105
XAdd			Miami, FL 33179
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	
	
-	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	

The date of each amendment(s) ad	10/11/2018		if other than the
date this document was signed.			ii oner man u
	/2018		
Effective date <u>if applicable</u> :		n 90 days after amendment file date)	
	(no more tha	n 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep		plicable statutory filing requirements, this date .	will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adop by the shareholders was/were suf		The number of votes cast for the amendment(s)	
		through voting groups. The following statemen to vote separately on the amendment(s):	t
"The number of votes east f	or the amendment(s) was/v	were sufficient for approval	
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directo	ors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators w	vithout shareholder action and shareholder	
Dated10 11	18 /		
Signature	min sure	5 .	
	ector, president or other o	fficer - if directors or officers have not been	
		the hands of a receiver, trustee, or other court	
appointe	d fiduciary by that fiducia	ry)	
	Adriana Fuentes		
-	(Typed or printe	ed name of person signing)	
	President		
-	(Tit	le of person signing)	