P/800075968

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SECRETARY OF STATE ALLAHASSEE, FLORID

NOV 1 5 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ELI SPA CORP			
	BER: P18000075968			
	of Amendment and fee are so	abmitted for filing.		
Please return all corres	spondence concerning this ma	ntter to the following:		
	JAZMIN COLON			
		Name of Contact Person	n	
		Firm/ Company		
	2122 W IDLEWILD AVE			
		Address		
	TAMPA, FL 33603J			
		City/ State and Zip Cod	e	
JAZM	IINCOLON79@YAHOO.CC)M		
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
ARNALDO PADILLA		at (516-1602	
Name o	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:	
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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ELI SPA CORP	
(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P18000075968	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADD</u> E	RESS)
C. Enter new mailing address, if applicable:	THE TO THE
(Mailing address MAY BE A POST OFFICE BO)	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
	am familiar with and accept the obligations of the position.
Signat	ture 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	<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	VP	COLON, CAROL C	2122 W IDLEWILD AVE		
Add X Remove			TAMPA, FL 33603		
2) Change Add					
Remove 3) Change					
Add Remove 4) Change					
Add Remove 5) Change					
Add					
o) Change Add					
Remove					

(Attach ada	<mark>ng or adding additional</mark> A ditional sheets, if necessar	v). (Be specific)	COUNTRIE.			
						
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	·—					
If an amen	idment provides for an exist for implementing the a	change, reclassific	ation, or cancell	ation of issued sh	iares,	
(if not	s for implementing the a of applicable, indicate N/A)	nendment it not co	<u>inajngo jii tite at</u>	nenament usen.		
						
				·		
				·		
			- <u>-</u> -			
						

The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will tof State's records.	not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval.	
☐ The amendment(s) was/were approved by must be separately provided for each voi	with the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
	mendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
10/31/2018		
Signature Co		
selected, by an i	resident or other officer – if directors or officers have not been neorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
	Jamin Colon	
	(Typed or printed name of person signing)	

(Title of person signing)

JAZMIN COLON