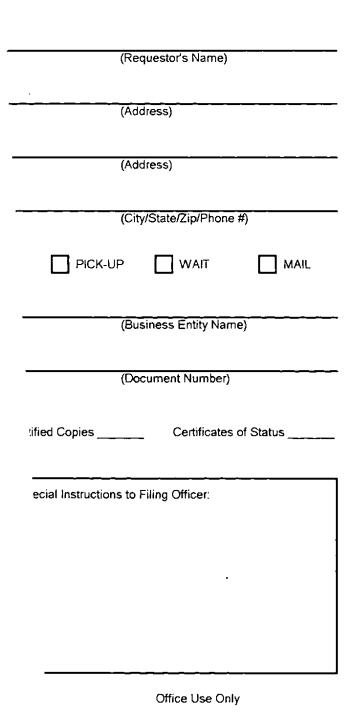
## P19000046376





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THE TAIL OF THE PROBATION

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JUN 1 9 2020 D CUSHING

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EXPRESSO LEN	IDERS CORP			
DOCUMENT NUM	BER: P19000046376		<del></del>		
he enclosed Articles	of Amendment and fee are su	bmitted for filing.			
lease return all corre	espondence concerning this ma	tter to the following:			
	LIDA CASTORANI				
	Name of Contact Person				
	Firm/ Company				
	1101 MIRANDA LN STE 131				
	Address				
	KISSIMMEE FL 34744				
		City/ State and Zip Cod	e		
	jkasto@bellsouth.net				
	E-mail address: (to be us	sed for future annual report	notification)	(1)	
	on concerning this matter, pleas				
IDA CASTORANI		407 at (	582 9011	_	
Name	of Contact Person	at (407 ) 582 9011  Area Code & Daytime Telephone Number		•	
iclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.C	illing Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio The C 2415 I	Address  Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

20 May

## **EXPRESSO LENDERS CORP**

P19000046376	on as currently filed with the F	lorida Dept. of State)
(Docum	nent Number of Corporation (if k	nown)
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc, "chartered," "professional association," or the abbre	" or "Co". A professional cor	The new orporated" or the abbreviation "Corp" poration name must contain the word
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, en office address:	ter the name of the
Name of New Registered Agent		<del></del>
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registerely accept the appointment as registered agent.	istered Agent: I am familiar with and accept the	obligations of the position.
Signa	tture of New Registered Agent, if a	changing

eck if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Example:

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>17T</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
$\underline{X}$ Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	HECTOR BRACERO	1101 MIRANDA LN STE 131
X Add			KISSIMME FL 34744
Remove			
2) X Change	VP	LIDA CASTORANI	1101 MIRANDA LN STE 131
Add			KISSIMMEE FL 34744
Remove ) Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			

	sheets, if necessary).	(Be specific)				
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an amendment p	provides for an excl	<u>hange, reclassifi</u>	cation, or cance	llation of issued s	hares,	
<u>irovisions tor imj</u>	<u>piementing the amo</u>	<u>endment if not c</u>	ontained in the i	amendment itself	<u>[:</u>	
(ң поғаруыса	ble, indicate $N/A$ )					
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05/28/2020	
The date of each amendment(s) adoption:	other than the
Effective date if applicable:	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	: listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareh action was not required.	iolder
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 cast for the amendment(s) was/were sufficient for approval	
by ."	
by	
05/28/2020 Dated	
Signature Lyda Castovair	
(By a director, president or 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)	
(Typed or printed name of person signing)	
(Title of person signing)	<del></del>