P19000046376

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EXPRESSO LEN	DERS CORP	
DOCUMENT NUME	P1900006376		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	george c dahl		
		Name of Contact Person	1
		Firm/ Company	
	2366 brewerton lane		
		Address	· · · · · · · · · · · · · · · · · · ·
	orlando		
		City/ State and Zip Cod	e
	rgbookkeeping@aol.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
GEORGE DAHL		at (309-0367
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The C	Address Iment Section on of Corporations cutre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

EXPRESSO LENDERS CORP

(Name of Corporation as currently	filed with the Florida Dept. of State)	
19000046376		
(Document Number of	Corporation (if known)	
irsuant to the provisions of section 607.1006, Florida Statutes, this F Articles of Incorporation:	Clorida Profit Corporation adopts the following	g amendment(
If amending name, enter the new name of the corporation:		
		The new
tme must he distinguishable and contain the word "corporation," "co lnc.," or Co.," or the designation "Corp," "Inc," or "Co", A chartered," "professional association," or the abbreviation "P.A."		
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
incipal vijike una isto i <u>ncor no 11 si kopi indokeso</u> j		<u>~2</u>
		, c
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· ,
		7
		12:
		
. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	G.
Name of New Registered Agent		
(Florida stree	et address)	
New Registered Office Address:	, Florida	
New Kevisierea Office Adaress:	City) (Zip C	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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>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	P	CASTORANI, BERNADINO JUAN	12250MENTA ST STE 106
Add X Remove			ORLANDO, FL. 32837
2) Change	P	HECTOR J BRACERO	12250MENTA ST STE 106
X Add			ORLANDO, FL. 32837
Remove 3) Change			<u></u>
Add			
Remove			2:
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

f 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)	e amendment if not contained in the amendment itself:	Attach additional sheets, if necessary).	(Be specific)	
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(if not applicable, indicate N/A)	/A)	provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
		(if not applicable, indicate N/A)		
			<u> </u>	
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The date of each amendment(s) adoptio date this document was signed.	n:	, if other than the
Effective date <u>if applicable</u> :		
Enecure date is appreciate.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Department	loes not meet the applicable statutory filing requirements, this date ent of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted b action was not required.	by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.	ى د . پور
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the	amendment(s) was/were sufficient for approval	-
by	(voting group)	
	(voting group)	2: 95
Dated 4 1	18/2027.	
Signature	ea Castoroni	
(By a director selected, by a	, president or other officer – if directors or officers have not been n incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	·
	LIda Irewo. Castaravi (Typed or printed name of person signing)	
	(Title of person signing)	