# P20 0000 98899

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(Requestor's Name)

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(Address)

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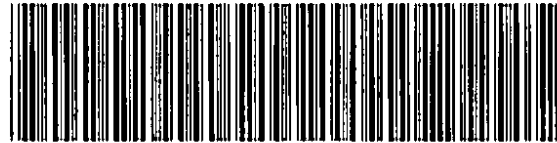(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____      Certificates of Status _____

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21 JAN -8 AM 9: 43

FILED
SECRETARY OF STATE
OF CORPORATIONS

Name Change

FEB 1  2021

D CUSHING

## COVER LETTER

TO: Amendment Section
   Division of Corporations

**NAME OF CORPORATION:** ELEVNLUX CORP

**DOCUMENT NUMBER:** P20000098899

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jaime A Diaz
_____
Name of Contact Person

Elevenlux Corp
_____
Firm/ Company

6773 NW 189th Ter
_____
Address

Hialeah, FL  33015
_____
City/ State and Zip Code

robert@mcconnell.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime A Diaz                                   at ( 305 ) 767-6957
_____        _____
Name of Contact Person                          Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ $35 Filing Fee    ☐$43.75 Filing Fee &    ☐$43.75 Filing Fee &    ☐$52.50 Filing Fee
                       Certificate of Status      Certified Copy           Certificate of Status
                                                  (Additional copy is       Certified Copy
                                                  enclosed)                 (Additional Copy
                                                                            is enclosed)

**Mailing Address**                    **Street Address**
Amendment Section                      Amendment Section
Division of Corporations               Division of Corporations
P.O. Box 6327                          The Centre of Tallahassee
Tallahassee, FL 32314                  2415 N. Monroe Street, Suite 810
                                       Tallahassee, FL 32303

ELEVNLUX CORP

P20000098899

(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:**

ELEVENLUX CORP _____ *The new*
*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*

**Check 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)*

*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 | PT | John Doe |
|---|---|---|
| X Remove | V | Mike Jones |
| X Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) ___ Change | _____ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 2) ___ Change | _____ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 3) ___ Change | _____ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 4) ___ Change | _____ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 5) ___ Change | _____ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 6) ___ Change | _____ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |

E. **If amending or adding additional Articles, enter change(s) here**:
(Attach *additional sheets, if necessary).* *(Be specific)*

_____

_____

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F. **If 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)*

_____

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____ , if other than the date this document was signed.

Effective date **if applicable**: _____

*(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 listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s)** **(CHECK ONE)**

☑ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 _____ ."

*(voting group)*

Dated_____01/05/2021_____

Signature _____

(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)

Jaime A Diaz
_____
(Typed or printed name of person signing)

President
_____
(Title of person signing)