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A. Butter

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ELY'S PROFESSION	NAL SERVICES CORP				
DOCUMENT NUMBER: P21000011256	DOCUMENT NUMBER: P21000011256				
The enclosed Articles of Amendment and fee are sub-	mitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
ELIZABETH GUILLEN					
	Name of Contact Person				
ELY'S PROFESSIONAL SER	VICES CORP				
	Firm/ Company				
3812 SW 89TH AVE	Time Company				
	Address				
MIAMI/FLORIDA/33165					
	City/ State and Zip Code				
pricesaguillen@gmail.com					
E-mail address: (to be use	ed for future annual report	notification)			
For further information concerning this matter, please call:  ELIZABETH GUILLEN  at (786 ) 214-1670  Name of Contact Person  Area Code & Daytime Telephone Number					
Name of Contact Person	Area Coo	le & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee S43.75 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 ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

ELY'S PROFESSIONAL SERVICES CORP

(Name of Corporation as cur	rrently filed with the Flori	dhDepthofiState)	
P21000011256	SECRET		
(Document Nun	ber of Corporation (if know		<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corpo</i>	ration adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation	on:		
			The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co" or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation	o". A professional corpo	oorated" or the abbr ration name must	eviation "Corp.," contain the word
B. Enter new principal office address, if applicable:			<del>.</del>
(Principal office address MUST BE A STREET ADDRESS)			
	<del></del>		<del></del>
	<del></del>		<del>_</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered offic	ee address in Florida, ente	r the name of the	
new registered agent and/or the new registered office ac	duress:		
Name of New Registered Agent			
(Flo	rida street address)		
New Registered Office Address:		_, Florida_	
Hen registered office Ham em.	(City)	<del>-</del>	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: miliar with and accept the o	obligations of the po	sition.
Signature of	New Registered Agent, if ci	hanging	
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)

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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change	VP	IGOR IVONNET GONZALEZ	3812 SW 89TH AVE
XAdd			MIAMI, FL 33165
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)
IGOR IVONNET GONZALEZ WILL BE PART OF THE COMPANY "ELY'S PROFESSIONAL SERVICES CORP",
THEREFORE, HE WILL BE APPOINTED AS VICE PRESIDENT.
THINKS ONE, HE WILL BE AT OUT OF THE TREE PER TO THE TREE PER
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) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after ame	endment file date)
Note: If the date inserted in this b document's effective date on the Do		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of director	rs without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of vote fficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approvided for	roved by the shareholders through voting groeach voting group entitled to vote separately	ups. The following statement on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for	approval
by		<u> </u>
,	(voting group)	
Dated	03/09/2021	
Signature	Vulonia	
(By a d selecte	rectdr, president or other officer – if directors I, by an incorporator – if in the hands of a rec	
appoin	ed fiduciary by that fiduciary)	
	ELIZABETH GUILLEN	
	(Typed or printed name of person	signing)
	PRESIDENT	
	(Title of person signing)	