## P21000060778

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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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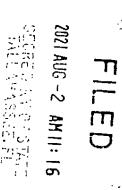
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: \_\_\_\_ Elegance by Marislay Corp. DOCUMENT NUMBER: P21000060778 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARISLAY MOTA Name of Contact Person ELEGANCE BY MARISLAY Firm/ Company 4613 N. UNIVERSITY DRIVE #375 Address CORAL SPRINGS, FLORIDA 33067 City/ State and Zip Code MARISLAY.CEDENO1@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARISLAY MOTA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □ \$35 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) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

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ELEGANCE DT WARISLAT CORT				
(Name	of Corporation as curren	tly filed with the Florida Dept. of Sta	<u>te</u> )	
P21000060778				
, , , , , , , , , , , , , , , , , , , ,	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the	e following amendment(	s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation name mu	bbreviation "Corp.,"	
B. Enter new principal office address,	if applicable:	4613 N. UNIVERSITY DR.		
(Principal office uddress <u>MUST BE A S</u>		#375	2021	
		CORAL SPRINGS, FLORIDA 33	067 S	П
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		4613 N. UNIVERSITY DR.	2	
		#375		5
		CORAL SPRINGS, FLORIDA 33	067 6	
D. If amending the registered agent ar			<u>¢</u>	
new registered agent and/or the new	w registered office addre	NN:		
Name of New Registered Agent	N/Λ			
4613 N. UNIVERSITY		OR. #375		
	(Florida s	treet address)		
New Registered Office Address:	CORAL SPRINGS	. Florida	33067	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agen	<u>tt:</u>		
hereby accept the appointment as regist	егеа адепі.— і ат јатінағ	with and accept the obligations of the p	osilion.	
<del></del>	Signature of New .	Registered Agent, if changing	<del></del>	
CD 1.4 P. 11				

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.

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)	Title	<u>Name</u>	Address
1) X Change	P	MARISLAY MOTA	4613 N. UNIVERSITY DR.
Add			#375
Remove			CORAL SPRINGS, FL. 33067
2) Change			
Add			-
Remove 3) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
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Add	-		
Remove			

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	N/A	20 de adam de
The date of each amendment(s date this document was signed.	adoption:	, if other than the
<del>-</del>	//A	
Effective date <u>if applicable</u> :		
	(no more than 90 days after am	endment file date)
Note: If the date inserted in thi document's effective date on the	••	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	idopted by the incorporators, or board of director	ors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of vot sufficient for approval.	es cast for the amendment(s)
	approved by the shareholders through voting gro for each voting group entitled to vote separately	
"The number of votes of	ast for the amendment(s) was/were sufficient for	approval
by N/A		
<u> </u>	(voting group)	
07/29/2	0021	
Dated	300	
(By a selec	director, president or other officer – if directors sted, by an incorporator – if in the hands of a rec sinted fiduciary by that fiduciary)	
	MARISLAY MOTA	
	(Typed or printed name of person	signing)
	PRESIDENT	
	(Title of person signing)	