P23000004430

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: EJ UNIVERSAL INC DOCUMENT NUMBER: P23000004430 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAVIER SALAZAR Name of Contact Person EJ UNIVERSAL INC Firm/ Company 1070 MONTGOMERY RD #2118 Address ALTAMONTE SPRINGS, FL 32714 City/ State and Zip Code javiers@ejuniversal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 7614608

Area Code & Daytime Telephone Number JAVIER SALAZAR Name of Contact Person

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

■\$43.75 Filing Fee &

Certificate of Status

Mailing Address

□ \$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

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(Name			* , , ,	79/2
· 	of Corporation as curre	ntly filed with the Florida Dept. of State)		ري دي
P23000004430			•	``
	(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, th	is Florida Profit Corporation adopts the follow	wing amendm	ent(s) to
A. If amending name, enter the new r	name of the corporation:		TU	
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp," "Inc," or "Co".		The nev ution "Corp.," tain the word	,,
B. <u>Enter new principal office address.</u> Principal office address <u>MUST BE A S</u>		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1070 MONTGOMERY RD		
		#2118		
		ALTAMONTE SPRINGS, FL 32714	···	
O. If amending the registered agent an new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the name of the		
Name of New Registered Agent	N/A			
	N/A			
	(Florida :	street address)		
New Registered Office Address:	(Florida s	street address) N/A Florida		

Check if applicable

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)

____ Add

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 PΤ John Doe X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) D ANA CEDENO 2743 ENVIRONS BLVD 1) ____ Change ORLANDO, FL 32818 Add Remove YGOR PROSPERI 15078 WILLOW ARBOR CR Change ORLANDO, FL 32824 Add ____ Remove 3) ____ Change Add Remove 4) ____ Change ____ Add Remove 5) ____ Change Add Remove 6) ____ Change

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment usen.
N/A	

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nee at I a te unblanktur	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by 3	,
	(voting group)
02/06/202 Dated	Tauel
(By a select	director; president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	JAVIER SALAZAR
	(Typed or printed name of person signing)
	VP

(Title of person signing)