## P2300062241

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EL ENGINEERIN	∛G CORP		
	BER: P23000062241			
	of Amendment and fee are st			
Please return all corres	pondence concerning this ma	atter to the following:		
	EDUARDO DUTRA LACR	OIX		
•	Name of Contact Person			
-		Firm/ Company		
	841 SSW 9TH STREET AP	ГВ		
-	Address			
-	HALLANDALE FL 33009			
		City/ State and Zip Co	ode	
1	ENGEDUARDOLACROIX(	@GMAIL.COM		
-	E-mail address: (to be u	sed for future annual repo	rt notification)	
For further information	concerning this matter, plea	se call:		
EDUARDO LACROIX		at (	885-3215	
Name o	f Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida De	partment of State:	
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amer Divis The C	t Address Indicate Section Identify Sect	

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

EL ENGINEERING CORP		2023 COT 30	Fii 5: 03
(Name of Corporation a	as currently filed with the Florida Dep	t. of State)	
P23000062241		•	
(Document	Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation a	dopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corpo	oration:		
			_The new
name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	"Co". A professional corporation n		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	SS )	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<del></del>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered officers.		ne of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	eZip C	'ode)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		s 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) (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 1</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	EDUARDO DUTRA LACROIX	841 SW 9TH STREET APT B
X Add			HALLANDALE FL 33009
Remove			
2) Change	VP	FLORIN FLOREA	841 SW 9TH STREET APT B
XAdd			HALLANDALE FL 33009
Remove 3 ) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		<del></del>
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
-	
_	
-	
an amendment provides for an excha-	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	idinery if not contained in the aniendment fisch.
•	
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The date of each amendment(s date this document was signed.	08/24/2023 ) adoption:	, if other than the
0	8/24/2023	
Effective date if applicable:	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action	ı and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	10/25/3	
Signature		
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	EDUARDO DUTRA LACROIX	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	