P95600369408

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	NAJURO CORP		
DOCUMENT NUME			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	NATASA ELIAS		
•		Name of Contact Persor	l
	NAJURO CORP		
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	57 HARBOR DR		
	· · · · · · · · · · · · · · · · · ·	Address	
	KEY BISCAYNE, FL 33149		
		City/ State and Zip Code	2
FLEC	TRONICTALKS@ATT.NE	Г	
		ed for future annual report	notification)
	((,
For further information	concerning this matter, pleas	e call:	
NATASA ELIAS		at (588-4043
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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		Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NAII	\mathbb{R}	COR	Р

	of Corporation as curre.	ntly filed with the Florida Dept. of State)
P95000069408N/A		
	(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ime of the corporation:	
N/A		The new
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address,	ation "Corp," "Inc," or tion," or the abbreviation if applicable:	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must Entain the
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
 C. Enter new mailing address, if appliance (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new 	OFFICE BOX) d/or registered office ac	N/A Address in Florida, enter the name of the ess:
Name of New Registered Agent	ROBERT ELIAS	
Name of New Negisierea Agem	11560 NW 50 TERRAC	CF.
		street address)
New Registered Office Address:	DORAL.	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		ent: Ir with and accept the obligations of the position.

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VT	_	JUAN ELIAS	11570 NW 83RD WAY
Add X Remove				DORAL FL 33178
2) Change	VT _		ROBERT ELIAS	11560 NW 50 TERRACE
X Add		.		DORAL, FL 33178
Remove				
3) Change Add		_		
Remove				
4) Change				
Add Remove				
5) Change		_		
Add				
Remove				<u></u>
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessar	Articles, enter chang wy). (Be specific)	<u></u>		
N/A	, , ,			
	** ** ** ** ** ** ** ** ** ** ** ** **	1. 11 - 1211-121-121-121-121-121-121-121-1		
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			-	
		<u> </u>		
				
If an amendment provides for an	exchange, reclassifica	tion, or cancellation	of issued shares,	
provisions for implementing the (if not applicable, indicate N/	<u>amendment if not cor</u> 4)	ntained in the amend	<u>lment itself:</u>	
(i) ito approbleme much limited 11/	•			
		17 - A - Marie - 1		
	,			
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	,			
	,			
I/A	,			

The date of each amendment(s)	10/31/2016 adoption:	, if other than the
date this document was signed.	· · · · · · · · · · · · · · · · · · ·	
Effective date <u>if applicable</u> :	0/31/16	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. <i>The following sta</i> or each voting group entitled to vote separately on the amendment(s):	tement
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareh	older
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholde	г
10/31/20 Dated	· ·	
selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	NATASA ELIAS	
	(Typed or printed name of person signing)	
	PRESIDENT/SECRETARY	
	(Title of person signing)	**************************************