P95000097704

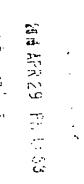
(Re	equestor's Name)	 -
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ALELU INVESTMENTS CORPORATION
(Name of Corporation) DOCUMENT NUMBER: P95000097704
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JILIANN TAMAYO
(Name of Person)
ALELU INVESTMENTS CORPORATION
(Name of Firm/Company)
2955 SW 99 PLACE
(Address)
MIAMI, FL 33165
(City/State and Zip Code)
For further information concerning this matter, please call:
JILIANN TAMAYO (Name of Person) at (786) 346-4272 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of

ALELU INVESTMENTS CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State

P95000097704

(Document Number of Corporation (if known)

its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation	adopts the to	ollowing aniendmen
A. If amending name, enter the new name	me of the corporation:			
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered." "professional associate	ition "Corp," "Inc," or	"Co". A professional corp.		
B. Enter new principal office address, i (Principal office address MUST BE A ST				
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O				
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent			ame of the	· · · · · · · · · · · · · · · · · · ·
	2955 SW 99 Place, M	liami Florida 33165	,	
New Registered Office Address:	(Florida s 2955 SW 99 Place	treet address) Miami	. Florida	33165
		(City)		(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Le falkalf)
Signyture of New Hegistered Agent, if changing

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	MYRIAM TAMAYO	751 NW 28 AVENUE
Add			MIAMI, FL 33125
X Remove			
2) Change	V. S	JILIANN TAMAYO	2955 SW 99 PLACE
X Add			MIAMI, FL 33165
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending o</u> Attach <i>additio</i>	or adding additional Arti onal sheets, if necessary).	cles, enter change(s (Be specific)) here:		
	1				
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If an amendo	nent provides for an exch	ange, reclassification	on, or cancellation o	of issued shares.	
if not ap	or implementing the ame oplicable, indicate N/A)	nament if not conta	ined in the amenda	nent itself:	
	,				
	NIA		-	· · · · · · · · · · · · · · · · ·	
·	-			·_ ···	
					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : $\mathcal{N} / \mathcal{A}$	
(no more than 90 days after amendment file a	date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirer locument's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amend	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and staction was not required.	nareholder
MARCH 13, 2019 Dated	
Signature (By a director, president or other officer -) directors or officers has selected, by an incorporator - if in the hands of a receiver, trustee,	
appointed fiduciary by that fiduciary)	
MYRNA MILLAN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	