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COR AMND/RESTATE/CORRECT OR O/D RESIGN 6 INTERCOMMERCE GROUP, INC

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C. GOLDEN

KAY -2 2018



April 26, 2018

## FLORIDA DEPARTMENT OF STATE Division of Corporations

INTERCOMMERCE GROUP, INC 4700 NW 2ND AVE 202 BOCA RATON BLVD, FL 33431

SUBJECT: INTERCOMMERCE GROUP, INC

REF: P11000034013

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II FAX Aud. #: H18000130531 Letter Number: 418A00008600

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SECRETARY OF STATE
TAILAHASSEE, FLORID

P.O BOX 6327 - Tallahassee, Florida 32314

f 1 >> 850-617-6381

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Articles of Amendment to Articles of Incorporation of

2018 HAY - 1 AM 9: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

|  | - AP   |
|--|--|
| (Name of Corporation as curren   | tly filed with the Florida Dept. of State)   |
| 11000034013  |  |
| (Document Number   | of Corporation (if known)  |
| ersuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:   | s Florida Profit Corporation adopts the following amendment(s) to  |
| . If amending name, enter the new name of the corporation:   |  |
| CL - CONNECTING WORLD, INC   | The new  |
| ame must be distinguishable and contain the word "corporati<br>Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or<br>ord "chartered," "professional association," or the abbreviation | on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| . Enter new principal office address, if applicable:   | N/A  |
| Principul office address MUST BE A STREET ADDRESS )  |  |
|  |  |
|  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | N/A  |
|  |  |
|  |  |
| . If amending the registered agent and/or registered office add  |  |
| new registered agent und/or the new registered office address  |  |
| N/A  |  |
| N/A  |  |
| Name of New Registered Agent N/A   |  |
| Name of New Registered Agent N/A   |  |

Example:

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</u>    | John Do     | <u> 26</u>              |                         |
|-------------------------------|--------------|-------------|-------------------------|-------------------------|
| X Remove                      | <u>v</u>     | Mike Jo     | nes                     |                         |
| X Add                         | <u>sv</u>    | Sally Sn    | nith                    |                         |
| Type of Action<br>(Check One) | <u>Title</u> |             | Name                    | <u>Addres</u> s         |
| 1) Change                     | D            | _           | CAMILA P. M. H. BATISTA | 4700 NW BOCA RATON BLVD |
| XAdd                          |              |             |                         | STE 202                 |
| Remove                        |              |             |                         | BOCA RATON, FL 33431    |
| 2) Change                     |              | _           |                         |                         |
| Add                           |              |             |                         |                         |
| 3)Change                      |              | <del></del> |                         |                         |
| Add                           |              |             |                         |                         |
| 4) Change                     |              | <del></del> |                         |                         |
| Remove                        |              |             |                         |                         |
| 5) Change Add                 |              | _           |                         |                         |
| Remove                        |              |             |                         |                         |
| 6) Change                     |              | _           |                         |                         |
| Remove                        |              |             |                         |                         |

| <ul> <li>If amending or adding additional Art<br/>(Attach additional sheets, if necessary).</li> </ul> | (Be specific)   |
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| If an amendment provides for an exc  | change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:  |
| (if not applicable, indicate N/A)  | STREET TO BOX CONTRIBUTE BY THE WATER TO STREET   |
| /A   |   |
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| the date of each amendment(s  | adoption:  | if other than th  |
|---|--|-------------------|
| late this document was signed.  |  | ,                 |
| Offective clate <u>if applicables</u>                                 |  | <del></del>       |
| •   | (no more than 90 days after amendment file date)   |                   |
| Note: If the date inserted in the<br>locument's effective date on the | is block does not meet the applicable statutory filing requirements, this date will no Department of State's records.  | t he listed as th |
| Adoption of Amendment(s)  | (CHECK ONE)  |                   |
| 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 statement for each voting group sntttled to vote separately on the amendment(s):   |                   |
|   | ast for the amendment(s) was/were sufficient for approval  |                   |
| by  | (voling group)   |                   |
|   | (voling group)   |                   |
| The unendment(s) was/were section was not required.                   | adopted by the board of directors without shareholder action and shareholder   |                   |
| The amendment(s) was/were action was not required.                    | adopted by the incorporators without shareholder action and shareholder  |                   |
| 04/24/2   | nis  |                   |
| Dated   | The state of the s |                   |
| Signature   | Colla lineally )   |                   |
| (Ву   | a director, president or other officer of directors or officers have not been  |                   |
|   | cted, by an incorporador—if in the hunds of a receiver, trustee, or other court<br>ointed fiduciary by that fiduciary)   |                   |
| •   | ALEXANDRE CABRAL   |                   |
|   | (Typed or printed name of person signing)  | <del></del>       |
|   | PRESIDENT  |                   |
|   |  |                   |