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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CECOSIDA,IN	IC	
DOCUMENT NUM	BER: N08000010465		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
•	Roosevel	t Jean-Francois	
	(Name of	Contact Person)	
<u> </u>	CEC	OSIDA, INC	
	(Firm	n/ Company)	
	·	NW 73 TER	
	(4	Address)	
<u></u>		ac, FL, 33321 te and Zip Code)	
	, ·	•	
		@yahoo.com d for future annual report notific	ation)
For further information	on concerning this matter, pleas	e call:	,
Roosevelt Jean-F	rancois	at (954) 604-081	17
~~~ · · · · · · · · · · · · · · · · · ·	of Contact Person)	# [*] (	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	t of State:
	☐ \$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		Street Address	,
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Cente	r Circle

Tallahassee, FL 32301

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

### CECOSIDA, INC.

### (Name of Corporation as currently filed with the Florida Dept, of State)

## N08000010465

(Document Number of Corpo	ration (if known)	<del></del>
Pursuant to the provisions of section 617.1006, Florida Statut the following amendment(s) to its Articles of Incorporation:	tes, this Florida Not For	Profit Corporation adopts
A. If amending name, enter the new name of the corpora	tion:	
·n/a		
The new name must be distinguishable and contain the wo abbreviation "Corp." or "Inc." <u>"Company" or "Co." may</u> t		acorporated" or the
B. Enter new principal office address, if applicable:	n/a	<b>5</b> ₩ <b>≧</b>
(Principal office address <u>MUST BE A STREET ADDRESS</u>	()	** · ·
		SEPA TO CO
		7 3 Q
a m		92 × 5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	
(		
		<del></del>
D. 16 di 4b		-to-the warms of the
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office:		nter the name of the
	n/a	
Name of New Registered Agent:	11/4	
antiggen was a superior as	n/a	
New Registered Office Address: (FI	orida street address)	
	n/a	, _{Florida} n/a
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I a position.		cept the obligations of the
Signature of N	on Parietared Agant if a	hanaina

Signature of New Registered Agent, if changing

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
n/a ·	n/a	n/a	☐ Add ☐ Remove	
<del>resident d'alestres d'un</del>			☐ Add☐ Remove	
			distributions to	
-		ot organizations under section 50 and organization of any future feder	01 (C) (3) of the	
			01 (C) (3) of the	
			01 (C) (3) of the	
			of the al tax code.	
-		nding section of any future feder	of the al tax code.	

The date of each amendment(s) adoption: July 30, 2010	
Effective date if applicable:	July 30,2010 (date of adoption is required)
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	the chairman or vice chairman of the board, president or other officer-if directors on the been selected, by an incorporator – if in the hands of a receiver, trustee, over court appointed fiduciary by that fiduciary)
	Roosevelt Jean-Francois
	(Typed or printed name of person signing)
	President
	(Title of person signing)