

**NO80000011151**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

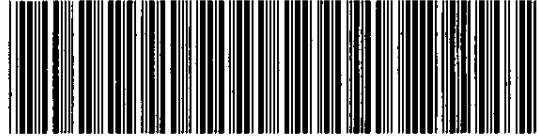
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**600167254126**

**600167254126**  
03/01/10--01034--013 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAR - 1 AM 10:58

**FILED**

*Amen*  
**C.COULLIETTE**

MAR 04 2010

**EXAMINER**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ECOWORKS INTERNATIONAL

**DOCUMENT NUMBER:** NOB 0000 11151

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HENRY KA MANES

(Name of Contact Person)

ECOWORKS INTERNATIONAL

(Firm/ Company)

333 ARAGON AVENUE - SUITE 506

(Address)

CORAL GABLES, FL 33134

(City/ State and Zip Code)

hmanes@ecoworksinternational.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRY KA MANES

(Name of Contact Person)

at ( 305 ) 444 0127

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

ECONORX INTERNATIONAL, INC.

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

N 08 0000 11151

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

/  
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

333 ARAGON AVENUE

SUITE 506

CORAL GABLES, FL 33134

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

333 ARAGON AVENUE

SUITE 506

CORAL GABLES, FL 33134

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

/

New Registered Office Address:

333 ARAGON AVENUE-STE 506

(Florida street address)

CORAL GABLES

(City)

Florida 33134  
(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.

/  
Signature of New Registered 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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>AVRA PETRIDES</u>	<u>101 WEST 78<sup>th</sup> STREET</u> <u>APT. 21</u> <u>NEW YORK, NY 10024</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>YANICK MICHEL</u>	<u>7975 SW 198<sup>th</sup> TER.</u> <u>CUTLER BAY, FL 33189</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

CHANGE OF ADDRESSES OF FOLLOWING EXISTING  
OFFICERS

<u>TITLE</u>	<u>NEW ADDRESS</u>
<u>D</u>	<u>BEN BUTLER</u> <u>6915 WINDAM PARKWAY</u> <u>PROSPECT, KY 40059</u>
<u>D</u>	<u>HENRYKA MANES</u> <u>333 ARAGON AVENUE - SUITE 506</u> <u>CORAL GABLES, FL 33134</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The date of each amendment(s) adoption: 02/23/2010

(date of adoption is required)

Effective date if applicable: 02/23/2010

(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 02/23/2010

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

HENRYKA MANES  
(Typed or printed name of person signing)

EXECUTIVE DIRECTOR  
(Title of person signing)