

N09000009260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

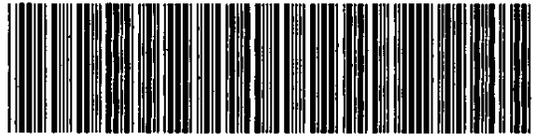
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/25/10--01033--011 **35.00

FILED
10 MAR 25 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Noted
3/24 cy*

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Vasquez & Glass Multi Service Corporation

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

To a marketing management, customer service and supply business, could
not manage the business needs to continue to operate economically in the
state of Florida.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Manuel Vasquez

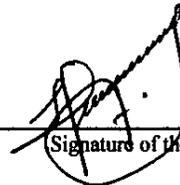
600 NW 141st Ave. Apt. 203

Pembroke Pines, FL 33028

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jose Manuel Vasquez Glass

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EECMO Incorporated

DOCUMENT NUMBER: N09000009260

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

Please return all correspondence concerning this matter to the following:

Angela Doyle
(Name of Contact Person)

EECMO Inc
(Firm/ Company)

1000 Savage Ct. # 200
(Address)

Longwood, FL 32750
(City/ State and Zip Code)

bibisa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Doyle at (407) 207-0103
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

EECMO Incorporated

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

N09000009260

(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:

Ecological Conservation Organization Inc.

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)

1000 Savage Ct

200

Longwood, FL 32750

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1000 Savage Ct

200

Longwood, FL 32750

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TALLAHASSEE, FLORIDA

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:

Angela Doyle

New Registered Office Address:

1000 Savage Ct # 200

(Florida street address)

Longwood

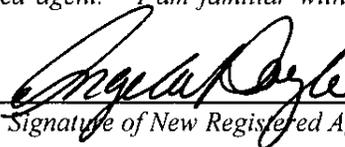
(City)

Florida 32750

(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

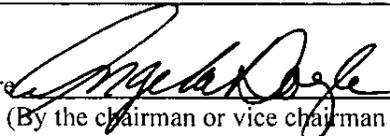
The date of each amendment(s) adoption: 3-23-10
(date of adoption is required)

Effective date if applicable: _____
(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 March 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)

Angela Doyle
(Typed or printed name of person signing)

President
(Title of person signing)