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| (Do                     | ocument Number)   |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| Please return all correspondence concerning this matter to the following:    Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAME OF CORPORATION: ELLURIOKIAL (                      | GUWEA-NORTH                        | AMERICA CHAMI                                                  | Ber of Graner                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------|----------------------------------------------------------------|-------------------------------|
| Please return all correspondence concerning this matter to the following:  GUY CHR ISTIAN AGBOR  (Name of Contact Person)  (Firm/ Company)  231 W 143 th Street # 5 L  (Address)  NewYork WY 10039  (City/ State and Zip Code)  Low Low Latter De Low                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DOCUMENT NUMBER: N 18000C                               | 9455                               |                                                                |                               |
| (Name of Contact Person)  (Firm/ Company)  281 W 148th Street # 5L  (Address)  NewYork NY 10039  (City/ State and Zip Code)  Carlorattes D Instruct. Coun  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  (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:  (S35 Filling Fee S43.75 Filling Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)  (Additional Copy is Enclosed)  Mailing Address  Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | The enclosed Articles of Amendment and fee are sub-     | mitted for filing.                 |                                                                |                               |
| (Firm/ Company)  28   W   W   Street # 5    (Address)    Courage   W   W   W   W   W      E-mail address: (took) used for future annual report notification)    For further information concerning this matter, please call:    W   W   W   W   W   W      Courage   W   W   W      Courage   W   W   W      Courage   W       | Please return all correspondence concerning this matter | er to the following:               |                                                                |                               |
| (Firm/Company)  281 W 148th Street # 5L  (Address)  NewYork NY 10039  (City/State and Zip Code)  Law Low Less & Instruction  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount made payable to the Florida Department of State:  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount made payable to the Florida Department of State:  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount made payable to the Florida Department of State:  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount made payable to the Florida Department of State:  (Additional Copy (Additional Copy is enclosed)  Mailing Address  Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | GUY CHRIS                                               | Name of Contact Person             | BOR                                                            | ** <b>7 7 7 7 7 7 7 7 7 7</b> |
| City   State and Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |                                    | .,                                                             | HAR 19                        |
| City   State and Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         | (Firm/ Company)                    |                                                                | <b>=</b> <u></u>              |
| City/ State and Zip Code)  Cas bor Libes & Low Libes & Libes & Low Libes & | 231 W 148th 8                                           | street #                           | 5L                                                             | 9:4                           |
| E-mail address: (tolor used for future annual report notification)  For further information concerning this matter, please call:    Sty Christian Acaban                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         | (Address)                          | ;                                                              |                               |
| E-mail address: (tolor used for future annual report notification)  For further information concerning this matter, please call:    Sty Christian Acaban                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | New York N                                              | 17 100                             | 39                                                             |                               |
| E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Sty Christian AGBOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |                                    | ` ^                                                            |                               |
| For further information concerning this matter, please call:    Sty Christian Acabor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         | 1 —                                | • ,                                                            | sun                           |
| (Name of Contact Person)  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee \$\Bar{43.75} \text{Filing Fee & Gertificate of Status} \text{Certified Copy (Additional copy is enclosed)} \text{Certified Copy (Additional Copy is Enclosed)} \text{Mailing Address} \text{Mailing Address}                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         | • •                                | nottication)                                                   |                               |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{align*} \\$35 \text{ Filing Fee} \\ \ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | For further information concerning this matter, please  | call:                              |                                                                |                               |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{align*} \\$35 \text{ Filing Fee} \\ \ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | GUY CHRISTIAN AGBOR                                     | at ( 917                           | 399-4688                                                       |                               |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  Mailing Address  \$43.75 Filing Fee & \$\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)  Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Name of Contact Person)                                | (Area Ci                           | ode & Daytime Telephone Ni                                     | imber)                        |
| Certificate of Status  (Additional copy is Certified Copy (Additional copy is Certified Copy enclosed)  (Additional Copy is Enclosed)  Mailing Address  Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Enclosed is a check for the following amount made pa    | ayable to the Florida Depa         | artment of State:                                              |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | Certified Copy (Additional copy is | Certificate of Status<br>Certified Copy<br>(Additional Copy is |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mailing Address  Amendment Section                      |                                    |                                                                |                               |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| EQUATORIAL GUINEA-NORTH AMBRICA CHAMBER, INC.                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Name of Corporation as currently filed with the Florida Dept. of State)                                                                                                |
|                                                                                                                                                                         |
| (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 non-                                                                                                                                                                |
| 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: 12600 Sw 120 8+ # 102                                                                                             |
| (Deleginal office address MUCT DE A STREET ADDRESS)                                                                                                                     |
| MIAMI, FL -33.176                                                                                                                                                       |
|                                                                                                                                                                         |
| C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)  12600 Sw 1208h 4102  MAY MAY BE A POST OFFICE BOX)                             |
| (Mailing address MAY BE A POST OFFICE BOX) 12600 8W POO 8W 41 102                                                                                                       |
| MAM1: 0-2 35116                                                                                                                                                         |
|                                                                                                                                                                         |
| 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: WILLIAM J. SANCHEZ                                                                                                                        |
| 12600 Sw 12081 # 102                                                                                                                                                    |
| (Florida street address)                                                                                                                                                |
| New Registered Office Address:                                                                                                                                          |
|                                                                                                                                                                         |
| (City) (Zip Code)                                                                                                                                                       |
| New Registered Agent's Signature, if changing Registered Agent:                                                                                                         |
| I hereby accept the appointment as registered agent. I on familiar with and accept the obligations of the position.                                                     |
| ///////////////////////////////////////                                                                                                                                 |
| Signature of New Register Agent, if changing                                                                                                                            |
| Page 1 of 4                                                                                                                                                             |

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 <math>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 Do  | <u>oe</u>   |            |                                                  |     |
|-------------------------------|---------------|----------|-------------|------------|--------------------------------------------------|-----|
| X Remove                      | <u>v</u>      | Mike Jo  | ones .      |            |                                                  |     |
| X Add                         | <u>sv</u>     | Sally Sn | nith        |            |                                                  |     |
| Type of Action<br>(Check One) | Title         |          | <u>Name</u> |            | <u>Addres</u> s                                  |     |
| 1) Change Add Remove          | <u>\\</u> . F | ેન V.    | AGBOR       | VINYA      | 303 5th Avenue<br>Site 1301<br>New York NY 10016 |     |
| 2) Change Add Remove          | VF.           | V.       | William     | J. Sanchez | 12600 SW 1208 #<br>MIANTI FL 33176               | 16S |
| 3 ) Change<br>Add<br>Remove   | - ·           | -        |             |            |                                                  |     |
| 4) Change<br>Add<br>Remove    |               | _        |             |            |                                                  |     |
| 5) Change<br>Add<br>Remove    |               | -        |             |            |                                                  |     |
| 6) Change<br>Add<br>Remove    |               | -        |             |            |                                                  |     |

| If amending or adding additional Artication and Artication and additional sheets, if necessary). | (Be specific)                         |
|--------------------------------------------------------------------------------------------------|---------------------------------------|
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|      | The date of each amendment(s) adoption:                                                                                                                                                    |  |  |  |  |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Effe | (no more than 90 days after amendment file date)                                                                                                                                           |  |  |  |  |
| Ado  | ption of Amendment(s) (CHECK ONE)                                                                                                                                                          |  |  |  |  |
| Ø.   | The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.                                                       |  |  |  |  |
| X    | 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  Dated                                           |  |  |  |  |
|      | 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 of that fiduciary)  GUY CHR18 TIAN AGBOR  (Typed or printed name of person signing)  1/ice - President                                                     |  |  |  |  |
|      | (Title of person signing)                                                                                                                                                                  |  |  |  |  |