## P03000151271

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SECRETARY OF STATE
WINDSTON OF CORPORATION
WINDSTON 12 PM 1:25



## **COVER LETTER**

Division of Corporations 57ELCOM CORP. P03000151271 NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EDUARDO E. SANTOS Name of Contact Person STELLOH CORP. Firm/ Company 107-10 NW. 66 ST. CAPTIVA E \$ 111
Address DOQAL, FLODIDA 33178

City/ State and Zip Code Alyca 98 @ hofmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EDUADO E SANTOS Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

**Mailing Address** 

TO: Amendment Section

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

STELCO	M CORP.			
(Name of Corporation as current	ly filed with the Flor	ida Dept. of State)		•
P 0300	10151271			
(Document Numbe	er of Corporation (if kr	nown)		-
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Flo</i>	rida Profit Corporation ad	opts the following	g amendment(s) to
A. If amending name, enter the new name of th	e corporation:			
				_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional corpora		
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A				-
	•			-
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	POV			
(musing usuress MAT BE A FUST OFFICE	. <u> </u>			Žm
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		<del></del>	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.		in Florida, enter the nam	e of the	12 CO
Name of New Registered Agent				3 3 5 6
Traine of their Regimerea rigem	<del></del>			FATE 1:25
	(Florida street	address)		
New Registered Office Address:		, Florida_		_
	(City)		(Zip Code)	
•				
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent; nt. I am familiar with	and accept the obligations	of the position.	
C2	-CN P/			
Signature o	of New Registered Age	nı, ıj changıng		

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> J	John Doe	
X Remove	<u>v</u> !	Mike Jones	
X Add	<u>sv</u> s	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name  D. A. L. A. A. L. A. C.	Address  Caro Di La La Lacr
1) Change	<u>D.</u>	RAMON RAMIREZ 4.	888 BISCAYNE BLUD # 4106 MIAMI- FL. 33132
× Add			MIAMI- FL. 53132
Remove			
2) Change	·		
Add			
Remove		•	
3) Change			
Add			
Remove			
4) Change	<del>- 110 112 <b>-</b> 110</del>	·	
Add			
Remove			
🗀			
5) L Change			
Add			
Remove		•	
6) Change			
Add			
Remove			•

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
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•	
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an amendment provides for an exch rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	and the state of the purchasiness traction
····	

The date of each amendment(s) adoption: date this document was signed.	OCTOBER 7 /2013 OCTOBER 28 /2013	, if other than the
Effective date if applicable:	0010320 28/2013	<del></del>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (	CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	•
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated	360 28/2013	
Signature	^	
selected, by an	president as other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
	JUSANA C. SANTOS	
	(Typed or printed name of person signing)	<del></del>
	TS-TOESSUED	
<del></del>	(Title of person signing)	<del></del>