# P0500000 23809

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>E WAY COMPUTERS &amp; SYSTEMS, CORP.</u>				
DOCUMENT NUMBER: P050000288	09			
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this r	matter to the following:			
	s Martinez	<del></del>		
•	Contact Person)			
, <del></del>	JTERS & SYSTEMS, CORP.	4.464		
(Firm/	Company)			
4759 Palr	n Ave . Suite 186			
(A	ddress)			
	ah, Fl. 33012			
	e and Zip Code)			
For further information concerning this matter, ple	ease call:			
Luis Martinez (Name of Contact Person)	at ( <u>305</u> ) <u>825-8878</u> (Area Code & Daytime T	Slanhona Number		
,	•	•		
Enclosed is a check for the following amount mad	le payable to the Florida Depa	rtment 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 Circ	Ne		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

### E WAY COMPUTERS & SYSTEMS, CORP.

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

#### P05000028809

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

N/A		
he new name must be distinguishable incorporated" or the abbreviation "Corp Co". A professional corporation n isociation," or the abbreviation "P.A."	.," "Inc.," or Co.," or the de	esignation "Corp," "Inc," or
Enter new principal office address, if a	pplicable:	N/A
rincipal office address <u>MUST BE A STR</u>	EET ADDRESS )	
Enter new mailing address, if applica		A (/A
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	N/A
	<del></del>	
		Florida, enter the name of th
If amending the registered agent and/o new registered agent and/or the new re		Florida, enter the name of th
		Florida, enter the name of th
new registered agent and/or the new re	egistered office address:	Florida, enter the name of th
new registered agent and/or the new re	egistered office address:	
<u>Name of New Registered Agent</u> :	egistered office address: N/A	dress)
<u>Name of New Registered Agent</u> :	egistered office address:  N/A  (Florida street add	dress) , Florida
Name of New Registered Agent:  New Registered Office Address:	egistered office address:  N/A  (Florida street address)	dress)
new registered agent and/or the new registered agent:  Name of New Registered Agent:  New Registered Office Address:  www.Registered Agent's Signature, if char	egistered office address:  N/A  (Florida street address)  (City)  uging Registered Agent:	dress) , Florida (Zip Code)
new registered agent and/or the new registered agent:  Name of New Registered Agent:  New Registered Office Address:  we Registered Agent's Signature, if charactereby accept the appointment as registered.	egistered office address:  N/A  (Florida street address)  (City)  uging Registered Agent:	dress) , Florida (Zip Code)
new registered agent and/or the new registered agent:  Name of New Registered Agent:  New Registered Office Address:  ew Registered Agent's Signature, if charactereby accept the appointment as registered.	egistered office address:  N/A  (Florida street address)  (City)  uging Registered Agent:	dress) , Florida (Zip Code)
Name of New Registered Agent:	egistered office address:  N/A  (Florida street address)  (City)  uging Registered Agent:	dress) , Florida (Zip Cod

# 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>	Address	Type of Action
P/T/D	Rocio A. Balbin	4759 Palm Ave .Suite 186	<b>D</b> Add
		Hialeah, Fl. 33012	Remove
P/T/D	Luis Martinez	4759 Palm Ave. Suite 186	
		Hialeah, Fl. 33012	Remove
			🗖 Add
			Remove
	nding or adding additional Articl additional sheets, if necessary). N/A		
	**		
F. If an a	mendment provides for an excha	ange, reclassification, or cancellation of	issued shares,
<u>provis</u>	ions for implementing the ameno not applicable, indicate N/A)	lment if not contained in the amendmen	<u>it itself:</u>
9	N/A		
<u>,, ,,,,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,</u>			

The date of each amendment(s) adoption: 12-27-08			
Effective date if applicable:		12-27-08	
		(no more than 90 days after amendment file date)	
Ad	loption of Amendment(s)	(CHECK ONE)	
Ø	The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):		
	"The number of votes	cast for the amendment(s) was/were sufficient for approval	
	by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	•	(voting group)	
	The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
	The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	Dated 121-2	7-08	
	Signature	Chuis Afailin	
	sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
		Luis Martinez	
		(Typed or printed name of person signing)	
		President/Director	
		(Title of person signing)	