## Florida Department of State Division of Corporations Public Access System

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## ECT FINANCIAL INC

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September 9, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ECT FINANCIAL INC 815 NW 57 AVE 119 MIAMI, FL 33126

SUBJECT: ECT FINANCIAL INC

REF: P07000088157

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II FAX Aud. #: H09000197250 Letter Number: 509A00029833

## Articles of Amendment to Articles of Incorporation of

	Articles of Incorporation	0		
,	ο <b>f</b>	<i>9</i>		
ECT	FINANCIAL INC	Ţ		
(Name of Corporation as currently filed with the Florida Dept, of State)				
PO	7000088157			
(Document N	umber of Corporation (if known)			
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation	006, Florida Statutes, this Florida 1 :	Profit Corporation adopts the follo		
A. If amending name, enter the new name	of the corporation:			
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered," "p	he designation "Corp," "Inc," or "	Co". A professional corporation		
B. Enter new principal office address, if a (Principal office address MUST BE A STRE				
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)	sle: FICE BOX)			
D. If amending the registered agent and/o new registered agent and/or the new re		a, enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:	(Flortda street address)			
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if change I hereby accept the appointment as registered	ging Registered Agent; I agent. I am familiar with and acce	ot the obligations of the position.		
•	Signature of New Registered Agent,	if changing		

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)				
<u>Title</u>	Name	Address	Type of Action	
<u></u> _ <u>D</u>	Luis E CORDOVES	815 NW 57 Ave # 118 Miami, FL 33126	[2] Add [2] Remove	
<u>D</u>	Daniela SINGMAN	2841 NE 163 Street # 504 North Miami Beach FL 33160		
<b></b>				
E. If amend	ling or adding additional Articles. iditional sheets, if necessary). (Be	enter change(s) here: specific)	· 	
			•	
- <u>-</u>			•	
provision		e, reclassification, or cancellation of i		

de (Litromodeme Bees to orch sall	option; 08-31-09			
	(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/ware add by the shareholders was/were suf	pted by the chareholders. The number of votes cast for the amendment(s) fileient for approval.			
The amendment(s) was/were app must be separately provided for a	woved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):			
"The number of votes uset fo	or the amendment(s) was/were sufficient for approval			
by	,			
(vom	ng group)			
The amendment(s) was/were add solion was not required.	opted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder			
Dated Sep 03 -	2009			
(By a di-	ector, president or other other. If directors or officers have not been by an imporporator. Him the lands of a receiver, trustee, or other court d fiduciary by that fiduciary)			
_	Carlos Calabuig			
	(Typed or printed name of person signing)			
	Director			
	(Title of person signing)			