

P0800011178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

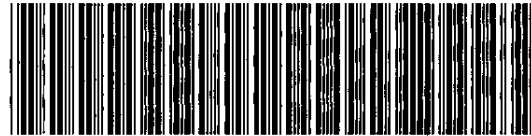
(Business Entity Name)

(Document Number)

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09/17/10--01023--004 **43.75

10 SEP 17 AM 10:21
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend/cus
@ 9/30/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: E WAY Systems Corp.

DOCUMENT NUMBER: P08000111178

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

Please return all correspondence concerning this matter to the following:

John MARTINEZ
Name of Contact Person

E WAY Systems Corp.
Firm/ Company

6011 WEST 16 AVE (Suite B)
Address

Hialeah, FL. 33012
City/ State and Zip Code

EWAYSYSTEMS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John MARTINEZ at (786) 290-4082
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:

☐ \$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 Circle
Tallahassee, FL 32301

(Document Number of Corporation (if known))

Page 1 of 3

SECRET
TALCAN 09 SEP 68
10 SEP 17

the following

FILED
SEP 17 1968
FBI - TAMPA

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>	<u>Address</u>	<u>Type of Action</u>
VP	TANIA ARIAS	6011 W 16 AVE Hialeah, FL 33012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

(This area is crossed out with a diagonal line.)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

(This area is crossed out with a diagonal line.)

The date of each amendment(s) adoption: _____

8/1/10
(date of adoption is required)

Effective date if applicable: _____

8/1/10
(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were 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/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

8/1/10

Signature _____

Diosdada Martinez

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Diosdada Martinez
(Typed or printed name of person signing)

President/Director
(Title of person signing)