P09000098700

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) . Certified Copies Certificates of Status	(Re	equestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) . Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ad	ldress)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ad	ldress)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	·	•	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Cit	tv/State/Zin/Phone	• #\
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(0.0	y otalor zipri (torio	,
(Document Number) Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL
(Document Number) Certified Copies Certificates of Status			
Certified Copies Certificates of Status	(Bu	siness Entity Nam	ne)
Certified Copies Certificates of Status			
Certified Copies Certificates of Status	(Do	ocument Number)	
	Certified Conies	Certificates	of Status
Special Instructions to Filing Officer:	Certified Copies	_ Octanoales	or otatus
Special Instructions to Filing Officer:			
	Special Instructions to	Filing Officer:	





000163847520

01/28/10--01022--012 **35.00

Amens

SECRETARY OF STATE

- 0040

Roberts FJAN 2 9 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	Ecomanagement Solution	s, Inc
OCUMENT NUMBER: P09000098700			
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
		aul M. Saenz, CPA	
	N	ame of Contact Person	
	Saenz	& Associates CPA's PA	
		Firm/ Company	
	8180 N	W 36th Street Suite 100	<u>.</u>
		Address	
	• • • •		
,		Miami, Fl. 33166 ity/ State and Zip Code	
		ity/ State and Zip Code	
•	rsbufic	co@hotmail.com	
	E-mail address: (to be use	d for future annual report notification)	
•	ntion concerning this matter,	-	96-9600
Name	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check	k for the following amount m	nade payable to the Florida Depar	tment of State:
✓ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 63	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e
	,	Tallahassee El 32301	· ·

Articles of Amendment to **Articles of Incorporation**

FIL	ED
QC MAC	
ILLAHASSEE	OF STATE

Ecomanagement Solutions Inc

(Name of Corporation as currently filed with the Fiorida Dept. of Sta

P09	9000098700		TUSEE, FLORIE
(Document Nu	mber of Corporation (if k	nown)	- Sing
ursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corporati	ion adopts the fol
. If amending name, enter the new name of	of the corporation:		
			The nev
ame must be distinguishable and contain obreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "Corp," "I	'nc," or "Co". A profess	sional corporation
Enter new principal office address, if ap			
Principal office address <u>MUST BE A STREA</u>	ET ADDRESS)		
			•
		·	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
(Princip Guerros) MAIN BELLA OBT OFF			<u> </u>
			
If amending the registered agent and/or new registered agent and/or the new reg		s in Florida, enter the na	me of the
Name of New Registered Agent:			
N. D	(77)		
New Registered Office Address:	(Florida stree	i aaaress)	
			a
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changi			
ereby accept the appointment as registered	agent. I am familiar with	and accept the obligation	ns of the position.
	Signature of New Registe	red Agent, if changing	-

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>	Type of Action
<u>Tres</u>	Gerard Rousseau	5475 Golden Gate Pkwy Suite 5 Naples. Fl. 33116	☑ Add □ Remove
<u>Sec</u>	Christopher Gehring	5475 Golden Gate Pkwy Suite 5 Naples, Fl. 33116	☑ Add □ Remove
	ding or adding additional Articles, edditional sheets, if necessary). (Be s		
	•	· ·	
provisi		e, reclassification, or cancellation of ant if not contained in the amendmen	
		<u> </u>	

s) adoption: $\frac{12-17-07}{}$
(date of adoption is required) December 15, 2009
(no more than 90 days after amendment file date)
(CHECK ONE)
e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
ast for the amendment(s) was/were sufficient for approval
(voting group)
(voting group)
e adopted by the board of directors without shareholder action and shareholder
e adopted by the incorporators without shareholder action and shareholder
mber 18, 2009
DR
a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
Donn J. Brown
(Typed or printed name of person signing)
President
(Title of person signing)