P10000030596

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ECO Building Solution	ons, Inc
DOCUMENT NUMBER: P10000030596	
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
Eddie Arredondo	
ECO Building Solutions, Inc	Name of Contact Person
	Firm/ Company
1552 SW 13th CT	
Pompano Beach, FL 33069	Address
	City/ State and Zip Code
mavely@ecobuildinginc.com	
	for future annual report notification)
·	· · · · · ·
For further information concerning this matter, please of	eal):
Eddie Arredondo	at (954) 884-3426
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	 vable to the Florida Department of State:
■ \$35 Filing Fee & □\$43.75 Filing Fee & □ Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is cnclosed) (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 Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of

ECO Building Solutions, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P10000030596 (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: A. If amending name, enter the new name of the corporation: Not Applicable name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent N/A (Florida street address) N/A New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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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 PT John Doe X Remove <u>v</u> Mike Jones X Add <u>\$V</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) Omar Aziz 10991 NW 81st Manor 1) ____ Change Parkland, FL 33076 __ Add Х Remove 2) ____ Change ___ Add __ Remove 3) ___ Change ___ Add 00000 ___ Remove 4) ____ Change _ Add Remove 5) ____ Change Add __ Remove 6) ____ Change __ Add

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:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

__ Remove

If amending or adding additional Article (Attach additional sheets, if necessary).	(Re therific)	,
(Attach duditional sheets, if hecessary).	(Be specific)	
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If an amendment provides for an exch	ange reclassifies	tion or cancellation of leaved shares
provisions for implementing the ame	ndment if not cor	tained in the amendment itself:
(if not applicable, indicate N/A)		· · · · · · · · · · · · · · · · · · ·
Please remove Omar Aziz as officer.		
Please trasfer 100% shares ownership to	Mr. Shwan Aziz	(President).
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	May 14, 2019	
The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
May 15, 2019 Effective date if applicable:]	
Effective date it applicable:	(no more than 90 days after amen	idment file date)
Note: If the date inserted in this block does document's effective date on the Department		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for		cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti		
"The number of votes cast for the an	nendment(s) was/were sufficient for ap	proval
by		
6	voting group)	
The amendment(s) was/were adopted by the action was not required.	ne board of directors without sharehold	der action and shareholder
The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder a	ction and shareholder
Dated MAY / 13	3/2019/	
Signature	Allin/As/	
(By a director, pr	esident or open onical - if directors of	
	ncorporator if in the hands of a receivery by that fiduciary	ver, trustee, or other court
Mr. Shw	an Aziz	
	(Typed or printed name of person si	gning)
President		
	(Title of person signing)	·

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