

9/19/2014 12:21 PM

FROM: 3053880076

TO: 8503176540

2

9/18/2014

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MONEY TRUST FINANCIAL SERVICES, LLC
Account Number : I20140000079
Phone : (305)387-0076
Fax Number : (305)388-0076

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ECOPROYECTOS, INC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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P: 4

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ecoproyectos, Inc

DOCUMENT NUMBER: P10000038943

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

Please return all correspondence concerning this matter to the following:

Carlos Martinez

Name of Contact Person

Money Trust Financial Services

Firm/ Company

14335 SW 120 ST STE 110

Address

Miami, FL 33186

City/ State and Zip Code

cjm@mtats.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Martinez

Name of Contact Person

at 305 , 387-0076

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

9/19/2014 12:21 PM FROM: 3053880076

TO: 8506176380

P. 1

850-617-6381

9/19/2014 2:56:57 PM PAGE 1/001 Fax Server



September 19, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ECOPROYECTOS, INC
*FAX FILE*MONEY TRUST FINANCIAL SERVICES
DORAL, FL 33172

SUBJECT: ECOPROYECTOS, INC
REF: P10000038943

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 current name of the entity is as referenced above. Please correct your document accordingly.

There is a comma between ECOPROYECTOS and INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

FAX Aud. #: H14000219334
Letter Number: 414A00020180

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14 SEP 19 PM 3:45

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Articles of Amendment
to
Articles of Incorporation
of

Ecoproyectos, Inc

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

P10000038943

(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:

The new 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)

11303 NW 65 Street

Doral, FL 33178

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

11303 NW 65 Street

Doral, FL 33178

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:

Name of New Registered Agent

11303 NW 65 Street

(Florida street address)

New Registered Office Address: Doral, Florida 33178
(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
X James Baker

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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)

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

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.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

☐ Add

☐ Remove

2) ☐ Change

☐ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

[This section is crossed out with a large 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 section is crossed out with a large diagonal line.]

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 9-15-2014

Signature

X [Signature]
(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)

Ecoproyectos LTDA

(Typed or printed name of person signing)

President

(Title of person signing)

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