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(((H120000978673)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : THE EXECUTIVE LAW FIRM

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ECCO PLANET CORP.

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ECCO PLANET CORP DOCUMENT NUMBER: P10000070617 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DIANA PINTO Name of Contact Person PREMIER RISING Firm/ Company 800 NE 195TH ST, STE 211 MIAMI, FL 33179 City/ State and Zip Code INFO@THEEXECUTIVELAWFIRM.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954 362-3627

Area Code & Daytime Telephone Number DIANA PINTO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fec & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations**

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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Articles of Amendment Articles of Incorporation

ECCO PLANET CORP.					
	ly filed with the Florida Dept. of S	tate)			
P10000070617					
(Document Number	er of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Co.	rporation adop	ts the following	; amendment(s)	t
A. If amending name, enter the new name of the	e corporation:			•	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp, " "Inc, " or "Co". A profession	or "incorpora inal corporation	ted" or the ab	The new breviation ontain the	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)			·	
D. If amending the registered agent and/or reginew registered agent and/or the new register Name of New Registered Agent		ter the name (of the		
	(Florida street address)				
New Registered Office Address:	(City)	, Florida	(Zip Code)		
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent:	obligations of			
Signature of	New Registered Agent, if changing		SECRETARY OF ALLAHASSEE. F	FILED	
	Page 1 of 4	•	OF STATE	ر ج	ľ

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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 euch 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: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	1
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add X Remove	<u>VP</u>	VANESSA VENTURA TRINDADE	201 S BISCAYNE BLVD, STE 1200 MIAMI, FL 33131
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove	<u></u>		
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)
TRINDADE NETTO, ALFREDO 67%
BIANCALANA, FELIPE 33%
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)

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4/12/17
The date of each amendment(s) adoption:
Effective date if applicable: 4112/12
(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 east 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 4/12/12
R. S.
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)
ALFREDO I IRINDADE NETTO (Typed or printed name of person signing)
President

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