## P110000022952

(Re	equestor's Name)	<del>.</del>	
. (Ad	ldress)		
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(Cit	ty/State/Zip/Phone	e #)	
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AUG 2 3 2016

**C LEWIS** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:EL	DORADO METALS, INC				
DOCUMENT NUMB	·P1:1000022052:					
The enclosed Articles of	f Amendment and fee are su	ubmitted for filing.				
Please return all corresp	ondence concerning this ma	itter to the following:				
	EDI	LBERTO PORTILLA				
_		Name of Contact Persor	1			
	EL I	DORADO METALS, INC.				
_	, <del></del>					
8329 CEDAR HOLLOW LANE						
<del></del>	Address					
_	BOO	CATRATON, FL 33433				
		City/ State and Zip Code				
	EDII	LBERTOPORTILLA@GM	AIL.COM			
	E-mail address: (to be u	sed for future annual report	notification)			
For further information CELESTING	concerning this matter, plea	se call: at (at	699-7679			
	f Contact Person	at (at (	) de & Daytime Telephone Number			
	the following amount made		•			
□ \$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)			
Amer Divis P.O.	ing Address Idment Section Idmon of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section m of Corporations Building xecutive Center Circle assee, FL 32301			

## Articles of Amendment to Articles of Incorporation of



2816 AUG 1 2 AM 10: 52

## EL DORADO METALS, INC.

(Name of Corporation as	currently filed with the Florida Dept. of State)
P110000	022952
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpora	ation:
	The new orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>S</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
(I	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am j	
Signatura	of New Registered 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)

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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>	
<u>X</u> Add.	. <u>SV</u>	. <u>Sally.Sr</u>	nith.	
Type of Action (Check One)	Title		Name	Address
1) Change	D	<del></del>	GUSTAVO PORTILLA	8329 CEDAR HOLLOW LANE
Add X Remove				BOCA RATON, FL 33433
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	i			
Add				
Remove_				
0 0				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
	<del></del>
	·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ames (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y nor approximation)	

	08/08/2016	SECRETARY	OF SIALL
The date of each amendment(s) ad	loption:	मा राजाना पर (स	REOR/if other than the
date this document was signed.  Effective date if applicable:	08/08/2016	<b>2016</b> AUG 12	AM 10: 52
Effective date in applicable.	(no more than 90 days after amendn	nent file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory-filing partment of State's records.	g-requirements, this date	will-not-be-listed-as-the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes carfficient for approval.	st for the amendment(s)	
	roved by the shareholders through voting groups. each voting group entitled to vote separately on to		
"The number of votes cast	for the amendment(s) was/were sufficient for appr	oval	
by		······································	
	(voting group)		
The amendment(s) was/were ado action was not required.	pted-by-the board-of-directors-without-shareholder	action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder acti	on and shareholder	
08 Dated	3/08/2016		
- :-			
Signature			
	irector, president or other officer - if directors or	officers have not been	<del></del>
selected	d, by an incorporator – if in the hands of a received ted fiduciary by that fiduciary)		
	EDILBERTO PORTILLA		
	(Typed or printed name of person sign	ing)	
	PRESIDENT		

(Title of person signing)