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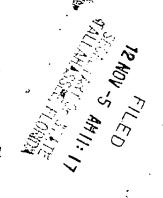
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corpora	ations		
NAME OF CORPORA	TION:	ENGINEOINE C	ON TRACTING, CORD.
DOCUMENT NUMBE	:R: <i>P11</i>	0000 82032	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspondent	ondence concerning this ma	tter to the following:	
		EDUBAC E SAUTE	zs
_		Name of Contact Person	n
		SATEL INT. LUC	
_		Firm/ Company	
		21-01 BAICKELL	NE SUITE 2407
		Address	
_		Miarci FL.	33130
_		City/ State and Zip Cod	e
	<i>a</i>	deya 98 @ hoft	ruit com
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
EXAPR 2	E. 54NRS	at ( 305	4752250. de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment 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)
Amena Divisio	ng Address dment Section on of Corporations lox 6327	Amend Division	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

(Name of Corporation as currently filed		· · · · · · · · · · · · · · · · · · ·		
	WO 82032	<del></del>		
(Document Number of Co			<del></del>	٠
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	atutes, this Florida	Profit Corporation ado	pts the following ar	nendment(s) t
A. If amending name, enter the new name of the corpo	oration;			
	•		€ Th	e new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	"Inc," or "Co". A	npany," or "incorporc professional corporati	sted" or the abbre	eviation
B. Enter new principal office address, if applicable:	_			1 1
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>		- <b>L</b>	, T
	<del></del>	<del></del>	5.5	
			93	••
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				7
D. If amending the registered agent and/or registered		orids, enter the name	of the	
new registered agent and/or the new registered off	ice address:			
Name of New Registered Agent				
	(Florida street addre	15)	•	
New Registered Office Address:		. Florida		
,	(City)		(Zip Code)	
	· · ·	•		
Nam Domestand Agends Streeters Make the Design	3 A 4		•	
New Registered Agent's Signature, if changing Register i hereby accept the appointment as registered agent. I as	ered Agent: m familiar with and	accept the obligations o	of the position.	
	•		• • • • • • • • • • • • • • • • • • • •	
Signature of New	Registered Agant if	· hanaina		

address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or D s, if necess irector titl President = Chief I er, Directo d in the fo	irector be eary) e by the fi ; T= Trea Financial or would b llowing m orporation	eing added:  rst letter of the office title:  ssurer; S= Secretary; D= I Officer. If an officer/direct be PTD.  anner. Currently John Down,  Sally Smith is named the	Director; TR= Tru tor holds more th e is listed as the Pa	irector being removed and title, name, and ustee; $C = Chairman \ or \ Clerk$ ; $CEO = Chief$ an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is nould be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	¥	Mike Jo	<u>nes</u>		
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s
1) Change	1/sca	L.	SOURAGE VEGE	DE	97-05 fw. 132 No. COLDT HIANI- FL. 33186.
Add		_			HIAM- FL 33186.
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6)Change	<del></del> _	<del>_</del>			
Add					

\_ Remove

amending or adding additional A	rucies, enter change(s) here	<b>;</b>
ttach additional sheets, if necessary	. (Be specific)	
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an amendment provides for an ex	change, reclassification, or	cancellation of issued shares,
rovisions for implementing the ar	endment if not contained i	n the amendment itself:
(if not applicable, indicate N/A)		
		•
the state of the second second second		<u> </u>
		-
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		•

The date of each amendment(s) add	10/30/12
Effective date if applicable:	10/1/12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder
Dated	10/30/12 Dans
Signature 🗴	Paint
(By a dir selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	PATRICIC URBUTA LUES
-	(Typed or printed name of person signing)
_	POESIDENT
	(Title of person signing)