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SECRETARY OF SIME



COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: ECArsdirect.com				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Joseph Stevens Name of Contact Person ecardirect · com				
ecardirect com Firm/Company				
1506 CASSAL Ave				
Jack Sonville F1 32205 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (904) 654 3366 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of filcorpora	ation	
Econsdirect. Com	toc	
(Name of Corporation as currently filed with the Florida	Dept. of State)	
D130000 70100		
(Document Number of Corporation (if know	m)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	a Profit Corporation adopts the following amen	dment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "c "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A."		tion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————		SECR
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the	AN ON
Name of New Registered Agent		
(Florida street add	(ress)	: I
		.
New Registered Office Address: (City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with as Signature of the Registered Agent.	d accept the obligations of the position. The 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> J	ohn Doe	
X Remove	<u>v</u> <u>n</u>	Aike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	`
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	7	Elizabeth A. Wilson	202042122
Add	•	•	CAlkhan Fl 32011
Remove		Physical Amess	86048 Knotted ONIC
2) Change	VP	Physical Amess Joseph LS fevens	Yuler Fl 32097 9060 TAYLOR FIELDEL
Add	•		JACKSONVILLE FI 37722
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
I Joseph Stevens Am Ading a New Officer
As president and movins myself to UP. The president Name is Elizabeth A. Wilson.
The president Name is Elizabeth A. Wilson.
Please if you Have my Questions CALL Me 204-654-3766. I Need This Done ASAR.
904-654-3766. I Ned This Done ASAR.
- (han)
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)

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: 1/-15-13 (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)	
(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.	
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)	_
Elizabeth A Wilson (Typed or printed name of person signing)	_
Title of person signing)	
July 8	
Josephi Stevens	