## P14000061857

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requ	estor's Name)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Addre	ess)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Addre	ess)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/S	State/Zip/Phone	e #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL
(Document Number)  Certified Copies Certificates of Status	r.	126-11	•
(Document Number)  Certified Copies Certificates of Status	(Busin	ess Entity Nan	ne)
Certified Copies Certificates of Status	(500)	Jose Entity Hair	,
Certified Copies Certificates of Status	(Deau	mant Numbar	
	(DOCU)	ment Number)	
		<b>.</b>	
Special Instructions to Filing Officer:	Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:			
	Special Instructions to Fili	ng Officer:	
i i			





400266910774

12/01/14--01043--028 \*\*35.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 g 14

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	Eltec Online: Eltec Online: P140000618	ine, INC. 857	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Rodolfo Gonza	alez	
•		Name of Contact Person	1
	Eltec Online, II		•
		Firm/ Company	
_	14629 SW 104	St. Suite #42	.2
		Address	
	Miami, Fl 3318	6	
-		City/ State and Zip Code	Δ
		City/ State and Zip Cod	
rud	yg@ltechonline	e.net	
		sed for future annual report	notification)
		·	
For further information	concerning this matter, pleas	se call:	
Rudy Gonz	alez	at (786	200-5053
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the 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)
Ame Divis	ing Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATIONS

Eltect Online, INC.

14 DEC -1 AMII: 16

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P14000061857	
(Document Number of Corporation (if I	(nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(muning numers MAT BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	address)
New Registered Office Address: (City)	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Registered Ag	ent, 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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Terezinha Gonzalez	14629 SW 104 St.
Add			Suite #422 Miami, FI 33186
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional shee	g additional Art ets, if necessary).	(Be specific)				
				14 14 191		
	·· p., .					
						_
				<del></del>		
<del> </del>						
·	·	<del> </del>		<del></del>		
			****			
			e	n 61	<b>J</b> - <b>L</b>	
an amendment pro rovisions for imple	vides for an exch	<u>iange, reclassi</u>	<u>rontained in tl</u>	<u>icellation of is</u> ie amendment	itself:	
(if not applicable	, indicate N/A)	Transcript to the state of the				
				1"	· · · · · · · · · · · · · · · · · · ·	
	<del></del>					
			-			
				<u> </u>		

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

The date of each amendment(s) adoption	9( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	, if other than the
date this document was signed.	14 DEC - 1 AH 11: 16	, ii other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement of oting 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 action was not required.	y the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dated 11/25/14		
Signature		
selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iciary by that fiduciary)	
Rodo	elfo Gonzalez	
<del></del>	(Typed or printed name of person signing)	
Presi	dent	
*****	(Title of person signing)	