P15000015811

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TALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: BT AND ECC CO	ORP.	
	BER: P15000015811		
	of Amendment and fee are so	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	BILLY TUEROS		
		Name of Contact Perso	n
	BT AND ECC CORP.		
		Firm/ Company	
	10155 SW 163 PLACE		
		Address	
	MIAMI, FL 33196		
		City/ State and Zip Cod	e
	BILLYTUEROS@ICLOUD	.COM	
	E-mail address: (to be u	sed for future annual report	notification)
For further informatic	on concerning this matter, plea	se call:	
	, , , , , , , , , , , , , , , , , , ,		
BILLY TUEROS		305	484-1739
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2020

BILLY TUEROS 10155 SW 163 PLACE MIAMI, FL 33196

SUBJECT: BT AND ECC CORP. Ref. Number: P15000015811

We have received your document for BT AND ECC CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The form submittes is for Benefit and Social purpose.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 720A00020735



FLORIDA DEPARTMENT OF STATE 2020 1 1 8: 1:2 Division of Corporations

September 20, 2020

BILLY TUEROS 10155 SW 163 PLACE MIAMI, FL 33196

SUBJECT: BT AND ECC CORP. Ref. Number: P15000015811

UPDATED 10-12-2020 Thankym.

Letter Number: 720A00017987

We have received your document for BT AND ECC CORP, and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The document submitted is for benefit and social purpose.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

BT AND ECC CORP.			
(Name of Corporation as curren	itly filed with the Florida Dept. of Sta	te)	
P15000015811			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the	e following amendment(s) to	
A. If amending name, enter the new name of the corporation:			
N/A		The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name mu	bbreviation "Corp.,"	
B. Enter new principal office address, if applicable:	10155 SW 163 PLACE		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33196		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10155 SW 163 PLACE	72	
	MIAMI, FL 33196	(2)	
		<u> </u>	
D. If any district the second			
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	<u>aress in Florida, enter the name of th</u> ss:	g ====================================	
Name of New Registered Agent		Fill 8: 12	
Came by New Acquires and Agent	· · · · · · · · · · · · · · · · · · ·		
tFlorida s	street address)		
New Registered Office Address:	DLC.		
New Registered Office Audiess.	City) . Florid:	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		position.	
. , ,,	, 3	1	

Signature of New Registered Agent, if changing

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Frample:

X. Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	P	_	Contreras Caraballo, Elsie A	9912 SageCreek Drive
Add				Ruskin, FL 33573
X Remove				
2) Change				
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding ad (Attach additional sheets, if	ditional Articles, et	nter change(s) here: pecific)		
N/A				
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			<u> </u>	
				
		<u> </u>		
			·	
				<u> </u>
F. If an amendment provide	es for an exchange,	reclassification, or ca	ncellation of issue <u>d sha</u>	<u>res.</u>
provisions for implemen	nting the amendme	nt if not contained in t	he amendment itself:	
(if not applicable, inc	dicate N/A)			
N/A				
				,
				

.

date this document was signed.	on:, if other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Department	does not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
muse we separately provided for each	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
	e amendment(s) was/were sufficient for approval
by	(voting group)
07/29/2020 Dated	
(By a director selected, by a	prysident or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court action by that fiduciary)
BILL	Y TUEROS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)