P15000032308

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DIVISIEN OF CORPORATIONS

15 SEP 21 PM 2: 11

SEP 29 2015 C LEWIS **COVER LETTER**

Division of Corporations E Theorie Inc. NAME OF CORPORATION: _ P15000032308 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nicolle Cruz

Name of Contact Person E Theorie Inc. 8394 NW 113 Path Doral, FL 33178
City/ State and Zip Code golive@etreorie.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nicolle Cruz at (786) 405 - 6008

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)

Articles of Amendment Articles of Incorporation

FILED SEGMETARY OF STATE DIVISION OF CORPORATIONS

Etheonie Inc.

(Name of Corporation as currently filed with the Florida Dept. of State 4 PM 2: 11

P150000 32308

| ~ | ment Number of Corporation (if kn | own) |
|--|--|---|
| Pursuant to the provisions of section 607.1006. Florid its Articles of Incorporation: | da Statutes, this <i>Florida Profit Corp</i> | poration adopts the following amendment |
| A. If amending name, enter the new name of the co | orporation; | |
| | | The new |
| name must be distinguishable and contain the won "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the | o," "Inc." or "Co". A profession | " "incorporated" or the abbreviation |
| B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u> | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC | <u></u> | |
| | | |
| If amending the registered agent and/or registered new registered agent and/or the new registered | ered office address in Florida, ent l office address: | er the name of the |
| Name of New Registered Agent | · · · | |
| | | |
| | (Florida street address) | |
| New Registered Office Address: | | . Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | gistered Agent: I am familiar with and accept the | obligations of the position. |
| Sigi | nature of New Registered Agent, if a | 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)

Example:

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.

| 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 | _S | Jessica Figueiras Chen | 168 S€ 15+ St. |
| Add | | · | Suite 500 |
| X Remove | | | Miami, R. 3313 |
| 2) Change | | Nicolle Cruz | 168 SE 15+ St. |
| X Add | | | Suite 500 |
| Remove | | | Miami, Fc. 33131 |
| 3) Change | S | Dianela Urdaneta | 168 SE 154 St. |
| X Add | | | Suite 500 |
| Remove | | | Miami, FL. 3313 |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Carrier againsma succes, y necessa | l Articles, enter chang ary). (Be specific) | | | |
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| If an amendment provides for an provisions for implementing the | exchange, reclassifica | ntion, or cancellation of | issued shares, | |
| (if not applicable, indicate N | /A) | iramed in the amending | ent usen: | |
| (у погарунсаме, інаісате іх | | | | |
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| The date of each amendment(s) ad | loption: | | , if other than the |
|---|---|---|---|
| date this document was signed. | | | Spans FILED |
| Effective date if applicable: | August | 28, 2015 | DIVISION OF ORRESTMENT |
| | (no more | than 90 days after amei | DIVISION OF CORPORATION OF STATE OF CORPORATION OF |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the | e applicable statutory fil | ing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE | <u>E</u>) | |
| The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholder fficient for approval. | rs. The number of votes | cast for the amendment(s) |
| ☐ The amendment(s) was/were app must be separately provided for | | | |
| "The number of votes cast | for the amendment(s) w | vas/were sufficient for ap | proval |
| by | | | |
| | (voting group) | | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the board of di | rectors without sharehole | der action and shareholder |
| ☐ The amendment(s) was/were ado action was not required. | pted by the incorporate | ors without shareholder a | ction and shareholder |
| DatedA | gust 28,20 | 15 | |
| Signature | ngust 28,20 | 1,02 | |
| (By a d | rector, president or oth | ner officer – if directors o | or officers have not been |
| selected | d, by an incorporator - | if in the hands of a recei | ver, trustee, or other court |
| appoint | ed fiduciary by that fid | luciary) | |
| | Nic | colle Cruz printed name of person si | |
| | (Typed or p | printed name of person si | gning) |
| | | e President | |
| | | (Title of person signing) | |