P15000057873

(Re	equestor's Name)			
(Ad	Idress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	ocument Number)			
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: FCIQ+GVOLD, COVPDVOLTOVA SECOND DOCUMENT NUMBER: 15000057873
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Name of Contact Person Name of Contact Person
Firm/Company
3399 NW 72 AVENUE, #211
City/ State and Zip Code
Jalubaa mami atents. Com E-mail address: (No be used for future annual report notification)
For further information concerning this matter, please call:
Juliet Alcoba at (305) 36818 Name of Contact Person 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 Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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

Articles of An	nendment 5					
to Auticles of Inco	AND THE PERSON OF THE PERSON O					
Articles of Incorporation						
ECLAT	Group (proporations					
(Name of Corporation as currently	filed with the Forida Dept. of State)					
P	15000057873					
(Document Number of	Corporation (if known)					
(Document Marios) of	Corporation (it faile wit)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to					
A. If amending name, enter the new name of the corporation:						
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 "I	Co". 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>)	3401 NW 82 Avenue * 1000 33122					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3401 NW82 Avenue, #105 Doral, FL 33122					
D. If amending the registered agent and/or registered office address:						
Name of New Registered Agent						
(Florida stre	ret address)					
·						
New Registered Office Address:	, Florida (City) (Zip Code)					
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w						
	egistered Agent, 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:

(Affach 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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		-
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add				
Remove				

Attach <i>additi</i>	or adding additional A ional sheets, if necessary). (Be specific)				
		···				
		·				
				B		
provisions:	ment provides for an exforman for implementing the applicable, indicate N/A)	<u>mendment if not c</u>	ication, or cancel contained in the a	lation of issued sh mendment itself:	nares,	
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The date of each amendment(s) adoption:	<u> </u>	1/	, if other than the
date this document was signed.	1 _ '		
· · · · · · · · · · · · · · · · · · ·	1110115		
Effective date if applicable:	11412		
	(no more than 90	days after amendment file	date)
	İ		
Note: If the date inserted in this block does document's effective date on the Department		able statutory filing require	ments, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)		
ΣX			
The amendment(s) was/were adopted by the shareholders was/were sufficient for		number of votes cast for the	e amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti			
"The number of votes cast for the an	nendment(s) was/were	e sufficient for approval	
hu.		"	
by	voting group)	·	
C.	voung group)		
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors	without shareholder action a	and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	he incorporators with	out shareholder action and s	hareholder
11/1/10/	15		
Dated	<u> </u>		
, 1	105		
Signature	M		
	randont or other office	er – if directors or officers h	nova not haan
		hands of a receiver, trustee	, or other court
appointed fiducia	ary by that fiduciary)		
	Carlos	andr	
	(Timed or printed -	(b)	
	(1 yped or printed n	ame of berson signing)	
U	1011		
Σ	MIE LITT) /	
	(Title o	f person signing)	