Division of Corporations

Page 1 of 2



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name . : HISPANUSA INC Account Number: I20070000099 : (954)478-2706

Fax Number : (954)934-0334

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN E & C ALLIANCE SVCS INC

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>E&C ALLIANCES SVCS INC</u>

DOCUMENT NUMBER: P16000019173

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIA I. TOOUICA

Name of Contact Person

E&C ALLIANCES SVCS INC Firm/ Company

> 2710 NW 52ND PLC Address

TAMARAC, FL 33309 City/ State and Zip Code

<u>claudiatoquica@hotmail.com</u>
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Claudia Toquica	at ()
 954 -608 - 4639	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:

X \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy

Certified Copy (Additional copy is enclosed)

□\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

Street Address
Amendment Section
Division of Corporations
Clifton Bullding
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation φf

E & C ALLIANCES SVCS INC (Name of Corporation as currently filed with the Florida Dept. of State)

P16000019173 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

. If amending name, enter the new name of the	corporation:	-7
E & C ALLIANCE ELECTRICAL INC The n company," or "incorporated" or the abbreviation	ew name must be distinguishable	and contain the word "corporation
ompany, or incorportied or the dooreviation Ofessional corporation name must contain the wor	corp., inc., or Cb., or ine t rd "chartered." "professional asso	ciation." or the abbreviation "P.As"
Enter new principal office address, if applicable		රුද්ල ්
rincipal office address <u>MUST BE A STREET AD</u>	ODRESS)	Page 1
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104		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	(X)	
1		
		····
If amending the registered agent and/or registe	ered office address in Florida, en	er the name of the
new registered agent and/or the new registered	d office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Re	gistered Agent:	•
ereby accept the appointment as registered agent.	I am familiar with and accept the	obligations of the position.
•		
Sign	nature of New Registered 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:

(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	m	John Doe		
X Remove	<u>v</u>	Mike Jones		
X_Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change	VP	_	EDWARD CRUZ	8922 PALM TREE LN
X Add				PEMBROKE PINES, FL 33024
Remove			•	
2)Change		_		
Add				-
Remove				
3)Change				•
Add .				
Remove				
4)Change				-
Add				
Remove				
5)Change				
Add				
Remove		•		
6)Change				
Add				
Remove		_		

f an amendment provides for an exchange, reclassification, or cancellation of issuedshares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		(Be specific)
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The date of each amendment(s) adoption: 4/15/2016 , if other than the date this document was signed.
Effective date if applicable: 4/15/2016 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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)
☐ 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.
Dated 4/26/2016
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)
CLAUDIA I. TOQUICA (Typed or printed name of person signing)

PRESIDENT (Title of person signing)