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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ECONTAINERS N	MODULAR SYSTEMS, IN	C
DOCUMENT NUM	P16000024978		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	HUGO LINS		
		Name of Contact Persor	1
	GIMP ACCOUNTING		
		Firm/ Company	1-
	3595 SIMMS STREET		
		Address	
	HOLLYWOOD, FL 33021		
		City/ State and Zip Code	2
	hugotlins@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
HUGO LINS		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FCONTAINERS MODULAR SYSTEMS, INC

ECONTAINERS MODULAR STSTEMS, INC		_
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P16000024978		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)	lo
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.	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
	7873 BOWERY DR	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	WINTER GARDEN, FL 34787	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7873 BOWERY DR	
	WINTER GARDEN, FL 34787	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the	
(Florida s	treet address)	
New Registered Office Address:	(City) , Florida (City)	
		•
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.	:
Signature of New	Registered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	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.

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

. If amending or adding additional Article (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
A	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	

	04/23/2021	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmental option of the approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	'ement
. "The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u>, </u>	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
DatedSignature(By a c	irector, president or other officer – if directors or officers have not be	len
	d, by an incorporator - if in the hands of a receiver, trustee, or other c	ourt
арроп		
-	FABIANO DE OLIVEIRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	