P16000050581

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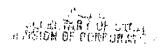
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	UCTION ENTERPRISES, INC	C
DOCUMENT NUMBER: P16000050581	*************************************	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
MARIA PAGAN		
	Name of Contact Persor	1
	Firm/ Company	
104 E VINE STREET		
KISSIMMEE FL 34746	Address	
-	City/ State and Zip Code	3
PAGANREALTY@YAHOO.C	ОМ	
E-mail address: (to be	e used for future annual report	notification)
For further information concerning this matter, p	lease call:	
MARIA PAGAN	at (288-0260
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Depa	artment of State:
\$35 Filing Fee Certificate of Status		□\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ECO CONSTRUCTION ENTERPRISES, INC

2016 OCT 24 PM 2: 50

(<u>Name o</u>	t Corporation as current	ly filed with the Florida Dept. of State)
P16000050581		
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new na	me of the corporation:	TI
	ation "Corp," "Inc," or '	The new on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1304 BRACK STREET
		KISSIMMEE FL 34746
		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	ARELIS RAVELO	
	104 E VINE STREET	
	(Florida st	reet address)
New Registered Office Address:	KISSIMMEE	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Alegistered Agent ered agent. I am familiar	with and accept the obligations of the position.
	Senature of New I	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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	Address	
I) X Change	PT	JAVIER PALMER	104 E VINE STREET	
Add			KISSIMMEE FL 34744	
Remove				
2) X Change	VP	ALBERTO CARRIL	104 E VINE STREET	
Add			KISSIMMEE FL 34744	
Remove				
3) Change	T	ARELIS RAVELO	104 E VINE STREET	
X Add			KISSIMMEE FL 347444	
Remove				
4) X Change	CEO	MARIA PAGAN	104 E VINE STREET	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach addition	adding additional Art al sheets, if necessary).	(Be specific)				
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<u>provisions for</u>	nt provides for an exc implementing the am licable, indicate N/A)	hange, reclassifi endment if not c	cation, or cancell ontained in the ar	ation of issued si mendment itself:	<u>hares,</u>	
						
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The date of each amendment(s) adoption:	, if other than the
date this document was signed. 10/20/2016	THE ST MAY OF SHAPE
Effective date if applicable:	JEVISION OF CORPORATE A
. (no more than 90 day.	s after amendment file date) 2016 OCT 24 PH 2: 51
Note: If the date inserted in this block does not meet the applicable adocument'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 numl by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through values to be separately provided for each voting group entitled to vote s	
"The number of votes cast for the amendment(s) was/were suff	icient for approval
by))
(voting group)	
 □ The amendment(s) was/were adopted by the board of directors without action was not required. □ The amendment(s) was/were adopted by the incorporators without shaction was not required. 	
10/20/2016	
Dated	W-P.
(By a director president or other officer – i selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	
MARIA PAGAN	
(Typed or printed name	of person signing)
030	
(Title of per	son signing)