## P170000 45929

Office Use Only



400333519544

09/08/19--01017--012 \*\*35.00

19 SEP -9 PH 3: 18

RATIONS

Omend/ name change

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ECUAROSES UNLIMITED CORP DOCUMENT NUMBER: P17000045929 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BAIRON VERA Name of Contact Person Firm Company 4650 SW 51 ST #714 Address **DAVIE, FL 33314** City- State and Zip Code BAIRONVERA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BAIRON H VERA VERDUGA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation of

ECUAROSES UNLIMITED CORP				
(Name)	of Corporation as curren	tly flied with the Florida Dept. of State)		
P17000045929				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amend	lmentis) to	
A. If amending name, enter the new na	ame of the corporation:			
VERA INDUSTRIES OF FLORIDA IN	c.	The -	1673.1°	
	ution "Corp," "Inc," or	ion," "company," or "incorporated" or the abbrevial "Co". A professional corporation name must contain	ion	
R. Futer new principal office address	if annitoable:	4650 SW 51 ST #714		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		DAVIE, FL 33314		
			- <u>s</u>	
		<del></del>		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		4650 SW 51 ST =714	ြင်	
**		DAVIE, FL 33314	_ H	
			_ 📆	
D. If amending the registered agent ar new registered agent and/or the ne			00	
	BAIRON VERA			
Name of New Registered Agent	4650 SW 51 ST #714			
	/Florida	treet address;		
	DAVIE	. Florida 33314 (City) . Florida 7Zip Codei		
New Registered Office Address:		, Florida Coda	-	
		reny) real Coner		
New Registered Agent's Signature, if c I hereby accept the appoinment as regis		it: with and accept the obligations of the position.		
	BANA	EON VERA		
<del></del>		Registered Agent, if changing		

Page Lof 4

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 = Charman 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 Doc is listed as the PST and Mike Jones is listed as the F. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example: X Change	PŢ	John Doe	
X Remove	$\bar{\Sigma}$	Mike Jones	
"X Add	$S\underline{Y}$	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	CARLOS ESPINDOLA	535 WEST 30TH STREET
Add X Remove			MIAMI BEACH, FL 33140
2) Change	Р	BAIRON VERA	4650 SW 51 ST #714
X Add			DAVIE, FL 33314
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Rепюче			
5/ Change			
Add			
Remove			
6) Change			
Add			
Remove			

	-,
	<del></del>
	· -u
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
······································	
·	
<del></del>	
	<del></del>

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this da epartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was were ad by the shareholders was were s	opted by the shareholders. The number of votes cast for the amendments ufficient for approval.	5)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s).	ભા
"The number of votes cas	t for the amendment(s) was were sufficient for approval	
by	woting group)	
	woting groups	
☐ The amendment(s) was/were ad- action was not required.	lopted by the board of directors without shareholder action and shareholde	ं।
☐ The amendment(s) was were ad action was not required.	lopted by the incorporators without shareholder action and shareholder	
09 05/ Dated	2019	
Signature C	ARLOS (SANDOLA	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	1
	CARLOS ESPINDOLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>