P17000046877

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: E Car Trade Inc DOCUMENT NUMBER: P17000046877 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Elie Toussaint Name of Contact Person Firm/ Company PO BOX 681108 Address Miami,Fl 33168 City/ State and Zip Code ejizzle1979@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 □\$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 enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of



E Car Trade Inc

(Name of Corporation as curren	ntly flied with the Florida Dept. of State)
P17000046877	(4)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp,," "Inc," or word "chartered," "professional association," or the abbreviation	"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>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered office ad	ldress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
No. of Charles Designed Assess	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of Nev	v 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Saintvil F Toussaint	1471 nw 114 st
Add			Miami, Fl 33167
X Remove			
2) Change	S	Saintvil F Tousssaint	1471 nw 114 st
X Add		-	Miami, Fl 331367
Remove			M12mift 33/67
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
() Ch			
6) Change			
Add			
13011010			

If amending or adding additional Articles, enter change(s)	<u>here</u> :
Attach additional sheets, if necessary). (Be specific)	
·	
f an amendment provides for an exchange, reclassificatio	n, or cancellation of issued shares,
provisions for implementing the amendment if not contain (if not applicable, indicate N/A)	ned in the amendment itself:
(y noi applicable, maicale WA)	

7/24/2017	
The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block does not meet the applicable statudocument's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficient	 nt for approval
by	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without s action was not required.	hareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without share action was not required.	holder action and shareholder
7/24//2017	
Dated	
Signature Cn	<u> </u>
(By a director, president or other officer – if di	ectors or officers have not been
selected, by an incorporator - if in the hands of	
appointed fiduciary by that fiduciary)	
Elie Toussaint	
(Typed or printed name of p	terson signing)
President	
(Title of person	signing)