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(Re	questor's Name)	
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T. LEMEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Eclipse	Carpe	ntry Co.	
DOCUMENT NUMBI				
The enclosed Articles o	f Amendment and fee a	re submitted	for filing.	
Please return all corresp				
	Rubi	1 Co	e of Contact Person	
	(Nam	e of Contact Person	n
-	1000 11	. []	Firm/ Company	1.1.05
-	1029 H	al Mc	kae Loop	Apt. 105 +205
	4 ~	, ,	Address	
_	Avon t	ank,	FL 34	1205
		City/	State and Zip Cod	e
	Clipse carpa E-mail address: (to	entry U be used for fi	o @ groci	notification)
For further information	concerning this matter,	please call:		
Ru	by Core		at(_&63_	de & Daytime Telephone Number
Name of	Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount n	nade payable	to the Florida Depa	artment of State:
□ \$35 Filing Fee	☑\$43.75 Filing Fee Certificate of Sta	tus Cer (Ad	3.75 Filing Fee & tified Copy ditional copy is closed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Maili</u>	ing Address		Street	Address
	idment Section			dment Section
	ion of Corporations Box 6327			on of Corporations 1 Building
	hassee, FL 32314			Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida 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 "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	"company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	70 BOX 15511
	PO BOX 15511 Sourasota, FL 34271
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	NA
(Florida stre	
New Registered Office Address: (, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
N/	A
Signature of New Re	egistered 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	PT John Doc		
X Remove	V <u>Mike Jones</u>		
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Nan</u>	<u>ne</u>	<u>Addres</u> s
1) Change	P M	anuel Torres	59124 1st St E #B Bradenton, FL 34203
Add			Bradenton, FL 34203
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

L. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
· ·	
If an amendment provides for an exchange, reclassification, or cancellation of issued shar provisions for implementing the amendment if not contained in the amendment itself:	es,
(if not applicable, indicate N/A)	
1 \	
· ·	
	_

The date of each amendment(s) adoption:	, if other than the
date this document was signed. Effective date if applicable: September 26, 2017	
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requiremen document's effective date on the Department of State's records.	ts, 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 votes cast for the am by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.	harcholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder
Signature (By-a director, president or other officer – if directors or officers have selected, by an incorporator. if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	not been other court
Caston Amyo (Typed or printed name of person signing)	
Vice-President	
(Title of person signing)	