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2018 NOV -6 PH 44 01

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ECA MOTORS CORP.
NAME OF CORPORATION: ECA MOTORS CORP. DOCUMENT NUMBER: P 180 000 7 1190
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ENRIQUE CONDE BlousO.
ENRIQUE CONDE BlousO. Name of Contact Person ELL / ELD MOTORS CORP
Firm/ Company
LOMESTERD FI 33032
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ENRIGUE CONDE [] JOUSD at (786) 865 8001 Name of Contact Person Area Code & Daytime Telephone Number
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

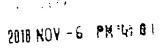
Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of



ECA MUTORS CORP.

(Name of Corporation as currently filed with the Florida Dept. of State) (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>Florida Profit Corporation</i> adopts the following amendment(s) to the Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A,"
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)
· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
). If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent EN 12 190E BNDE DIONSO
23701 SW 132 ND AVE SAY IN HOMESTEAD FIS
Name of New Registered Agent ENRIGUE CONDE DIONSO 23701 SW 132 ND DUE BAY IA HOMESTEND F13 (Florida street address) New Registered Office Address: 23701 SW 132 ND DUE BAY IA. Florida 33032 (City) (Zip Code)
· (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.
ENC.
Signature of New 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	P	ENRIGUE CONDE SC	23701 SW 132ND DUE 604 17
Add		 	HOMESTEDD A 33632
X Remove			
. 2) Change	?	ENDIQUE CONDE Algroz	23701 SW 132ND QUE BOY 17 COMESTEDD F1 33032
🔀 Add		J.	LOMESTEDD FT 33032
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Page 2 of 4

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
··	
•	
lf an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	and the second s
provisions for implementing the amer	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: October 120 18	
(no more than 90 ^t days afte ^r amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated October /20/2018	
Signature	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ENRIQUE CONDE Abuso	
(Typed or printed name of person signing)	
MESIDENT	
(Title of person signing)	