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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: ECO SHADE SYS	STEM CORP	<del></del>
DOCUMENT NUMBI			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
\	WALTER SADORGE		
		Name of Contact Perso	n
E	ECO SHADE SYSTEM CO	RP	
<b>-</b> -		Firm/ Company	
4	31 NE 75TH ST		
<del></del>		Address	
N	MIAMI/ FL 33138		
_		City/ State and Zip Cod	e
\	WALTER.SADORGE@GM	AIL.COM	
_	E-mail address: (to be us	sed for future annual repor	t notification)
For further information WALTER SADORGE	concerning this matter, plea	305	\ 842-9628
	Contact Person	at ( Area Co	ode & Daytime Telephone Number
	the following amount made		·
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Ameno Division The C 2415	Address  dment Section on of Corporations  dentre of Tallahassee  N. Monroe Street, Suite 810  assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ECO SHADE SYSTEM CORP

ECO SHADE STSTEM CORP		ide Dent of State)	
	currently filed with the Flor	ida Dept. of State)	
19000086333	(1 60 (6)		
(Document N	umber of Corporation (if know	wn)	
ursuant to the provisions of section 607.1006, Florida Status Articles of Incorporation:	ites, this <i>Florida Profit Corpo</i>	ration adopts the follow	ring amendment(s)
. If amending name, enter the new name of the corpora	ation:		
	······		The new
ame must be distinguishable and contain the word "corpora Inc.," or Co.," or the designation "Corp," "Inc," or " chartered," "professional association," or the abbreviation	"Co". A professional corpo		
. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>		
	<del></del>		
			_;
. Enter new mailing address, if applicable:			3316
(Mailing address MAY BE A POST OFFICE BOX)			<u>:</u>
			co (
	<del></del>		PH
	-	<del></del>	<u> </u>
. If amending the registered agent and/or registered of	fice address in Florida, enter	r the name of the	2: 4:
new registered agent and/or the new registered office		·	a,
Name of New Registered Agent			
nume of them registered rigem			<del></del>
	Torida street address)		
New Registered Office Address:	(Citv)	, Florida	p Code)
	(Спр)	(2)	p coue)
ew Registered Agent's Signature, if changing Registere	d Agent:		
hereby accept the appointment as registered agent. I am f	familiar with and accept the of	bligations of the position	<b>1</b> .
Signature	of New Registered Agent, if ch	nnaina	
Signature	y men negiotereu ngem, y en	wiightig	
heck if applicable			
The amendment(s) is/are being filed pursuant to s. 607.01	120 (11) (e), F.S.		

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
() Change	CEO	<del></del>	LUDOVIC BRICKS	7441 WAYNE AVE
X Add				APT 12-O
Remove				MIAMI BEACH, FL 33141
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_	<del></del>	
<b>A</b> dd				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	100% SHARES
JDOVIC BRICKS GET 50% OF THE I	
<del> </del>	
	IC BRICKS HAVE 50% SHARES EACH.
<del> </del>	
· · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · ·	
UDOVIC BRICKS GET 50% OF THE I	
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<del> </del>	
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The date of each amendment		, if other than th
date this document was signed	02/10/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this ne Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendmenter sufficient for approval.	nt(s)
	e approved by the shareholders through voting groups. The following state d for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by WALTER SADO	RGE	
<u> </u>	(voting group)	
02/02/ Dated	2021	
Signature	The state of the s	
se	y a director, president or other officer – if directors or officers have not bee lected, by an incorporator – if in the hands of a receiver, trustee, or other co pointed fiduciary by that fiduciary)	
	WALTER SADORGE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	