P20000005290

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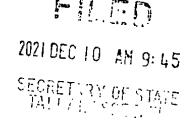
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	TEAK ECUAD	OR WORLD	WIDE TRA	DE	
DOCUMENT NUMBER:	P20000005290				
The enclosed Articles of Amendme	ent and fee are submi	tted for filing.			
Please return all correspondence co	oncerning this matter	to the followi	ng:		
	GUI	LBER R ROI	DRIGUEZ		
	1	Name of Conta	act Person		
	TEAK ECU	ADOR WOR	LD WIDE	FRADE CORP	
		Firm/ Con	ipany		
	1000	00 NW 80 CT			
		Addre	SS		
	HIALEAH GARDENS, FLORIDA 33016				
	C	Tity/ State and	Zip Code		
	ma	teord@gmail.	com		
E-mail	address: (to be used t			tification)	
For further information concerning GUILBER R RODRIGG	·		786)	212-2579	
Name of Contact Pe	rson	u. (Area Code	& Daytime Telephone Number	
Enclosed is a check for the following	ng amount made paya	able to the Flo	rida Departr	ment of State:	
	icate of Status (\$43.75 Filing Certified Cop Additional co enclosed)	y	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			



Articles of Amendment to Articles of Incorporation of

TEAK ECUADOR WORLD WIDE TRADE CORP

(Name of Co	rporation as current	ly filed with the Florida Dept. of State)			
	P20000005290)			
	(Document Number o	f Corporation (if known)			
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	. Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of	of the corporation:				
	" "Inc." or "Co".	The new company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word			
B. Enter new principal office address, if ap	nlicable:	10000 NW 80 CT APT 2501			
(Principal office address MUST BE A STREE		HIALEAH GARDENS			
		FLORIDA 33016			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10000 NW 80 CT APT 2501			
		HIALEAH GARDENS			
		FLORIDA 33016			
D. If amending the registered agent and/or new registered agent and/or the new reg					
Name of New Registered Agent	GUILBER R R	ODRIGUEZ			
	10000 NW 80 CT APT 2501				
	(Florida str	reet address)			
New Registered Office Address:	HIALEAH GA	RDENS 33016			
		(City) (Zip Code)			
New Registered Agent's Signature, if change I hereby accept the appointment as registered					
· · · · · · /		Coenia vo			
	Signature of New R	egistered Agent if changing			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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.

X Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mii</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Address</u>
(Check One)	VP	VELASCO ESTEBAN E	7525 ETREASURE DRIVE 101
1) Change	-		NORTH BAY VILLAGE
Add X			FLORIDA 33141
Remove	VP	VEGA ROMMEL C	10000 NW 80 CT APT 2501
2) Change X Add			HIALEAH GARDENS
			FLORIDA 33016
Remove 3) Change	S	MANCHENO JULIO N	T0000 NW 80 CT APT 2501
Add			HIALEAH GARDENS
Remove			FLORIDA 33016
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u>,</u>	
Add			
Remove			

	dding additional A l sheets, if necessary). (Be specific)				
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f an amandman	t provides for an e	vehange reclassi	Gestian ar conc	ellation of issue	d charec	
<u>provisions for i</u>	mplementing the a	mendment if not	contained in the	amendment its	elf:	
(if not appli	cable, indicate NA)	l	.			
	 		<u> </u>			
		-				

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the ame officient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following 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	INCORPORATORS	
	(voting group)	
DatedSignature	anene a we instant or other officer - if threators or officers have n	ot been
schecte	d by an incorporator $\frac{1}{2}$ if in the hands of a receiver, trustee, or o	
арроїд	ted fiduciary by that fiduciary)	
	AGUIRRE BOWEN MARLENE A	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	