P20000013484

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ECE WORLDWID	E CONSULTING INC	
	BER: P20000013484		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	DIANA MAURE		
		Name of Contact Persor	1
		Firm/ Company	
	2613 SW 187TH AVE		
		Address	
	MIRAMAR FL 33029		
		City/ State and Zip Code	2
	dmaure@ece-worldwide.com	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
MARCEL MARINI		at (⁷⁸⁶	537-6198
Name of Contact Person Area Code & Daytime Telephone No		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	illing Address tendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

ECE WORLDWIDE CONSULTING INC		2021 OCT 2 DV 2-1-5	
(Name o	f Corporation as currentl	y filed with the Florida Dept. of State) 45	
P20000013484		25-54-55 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(Document Number o	f Corporation (IT known) ASSEE, r EURIDA	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ıme of the corporation:		
		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp," "Inc," or "Co". >	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address,		2613 SW 187TH AVE	
(Principal office address MUST BE A S	TREET ADDRESS)	MIRAMAR FL 33029	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2613 SW 187TH AVE	
		MIRAMAR FL 33029	
D. If amending the registered agent as	nd/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the ne-		<u>3:</u>	
Name of New Registered Agent	DIANA MAURE		
	2613 SW 187TH AVE		
	(Florida st	reet address)	
New Registered Office Address:	MIRAMAR	, Florida 33029	
New Registered Office Address.	 -	(City) (Zip Code)	
New Registered Agent's Signature, if o	hanging Registered Agent		
I hereby accept the appointment as regis	tered agent. I am Jamiliar	with and accept the obligations of the position.	
	Signature of New I	Registered 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)

Example:

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P	DIANA MAURE	2613 SW 187TH AVE
Add	***		MIRAMAR FL 33029
Remove 2) X Change	т	JACKELINE MAURE	2613 SW 187TH AVE
Add			MIRAMAR FL 33029
Remove Change			
Add			
4) Change			
Add			
Remove 5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
Commanda and the second	
(if not applicable, indicate N/A)	
(у пот аррисавіе, іпаісаїе N/A)	
(у пот аррисавіе, іпаісаїе N/A)	
(у пот аррисавіе, іпаісаїе N/A)	
(у пот аррисавіе, іпаісаїе N/A)	
(у пот аррисавіе, іпаісаїе N/A)	
(y noi applicable, indicale N/A)	
(y noi applicable, indicale N/A)	

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	SEPTEMBER 25, 2024	
The date of each amendment(s		, if other than
date this document was signed.		
S	SEPTEMBER 25, 2024	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date we Department of State's records.	ill not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by DIANA MAURE	, n	~ 3
<u> </u>	(voting group) MBER 25 2024	(L L
)CT
	MBER 25 2024	1
Dated	w m	-2 PI
Signature	Draw Hary	
	a director, president or other officer - if directors or officers have not been -	
	ected, by an incorporator - if in the hands of a receiver, trustee, or other course	94
	ointed fiduciary by that fiduciary)	6
	DIANA MAURE	
	(Typed or printed name of person signing)	<u>-</u>
	PRESIDENT / OWNER 100%	
	(Title of person signing)	

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