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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ECOMINCORPOR	RATE INC - 	
DOCUMENT NUMB	ER: P24000040566		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	SIMON B HOWELL		
-		Name of Contact Persor	1
	HOWELLINTERNATIONA	L TAX	
-		Firm/ Company	
	8701 W IRLO BRON SON M	MEMORIAL HWY SUITE	100
•		Address	
	KISIMMEE, FLORIDA 347-	47	
		City/ State and Zip Code	2
	SIMON.HOWELL@HOWE	LLINTERNATIONALTA:	X.COM
	E-mail address; (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
SIMON B HOWELL		at (407	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Indiasery FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ECOMINCORPORATE INC			
(Name o	of Corporation as currentl	y filed with the Florida Dept. of Sta	ite)
P24000040566			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". /	4 professional corporation name m	bbreviation "Corp.," ist contain the word
• •		5400 Oak Park Lane, Apt 199	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Oak Park	
		CA 91377	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		5400 Oak Park Lane, Apt 199	
		Oak Park	202
		CA 91377	2 20 1
D. If amending the registered agent ar new registered agent and/or the new			
Name of New Registered Agent	INTERNATIONAL MAN	NAGEMENT (FLORIDA) LLC	
nume of the House of the	8701 W Irlo Bronson Men	norial Hwy, Suite 100	- 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3
	(Florida sti	reet address)	
New Registered Office Address:	Kissimmee	, Floric	
		(City)	(Zip Codv)
New Registered Agent's Signature, if c	hanging Registered Agent	<u>ti</u>	
I hereby accept the appointment as regist	lered agent. I am familiar	with and accept the obligations of the	position.
	\w\\\	1	
	Signlifter Mew f	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)

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	PD	Mercedes VASQUEZ	5400 Oak Park Lane, Apt 199
x Add			Oak Park
Remove			CA 91377
2) Change	S	Simon B HOWELL	8701 W Irlo Bronson Mem Hwy
Add			Suite 100
X Remove 3) Change		_	FL 34747
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	
		· · · ·
· · · · · · · · · · · · · · · · · · ·		
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	indifferent flow Containing in the amendancial resem-	
-		

late this document was signed.	
Iffective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as to partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
07/31/2024	
Dated	
Signature	ector, president or other officer – if directors or officers have not been
selected	by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	diductary by that fiductary)
	Simon B Howell
•	(Typed or printed name of person signing)
	Secretary / Incorporator

(Title of person signing)