P43000049334

(Requestor's Name)	· ·
(Address)	
(Address)	
	
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(Business Entity Nan	ne)
(Document Number)	
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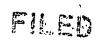
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EQWS International Corporation				
DOCUMENT NUMBER: P93000049334				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	Roberto Wolff			
		Name of Contact Person	i.	
·	EQWS Internation	nal Corporation		
	The state of the s	Firm/ Company		
	2555 Collins Ave	# 2408		
		Address		
	Miami Beach, FL	33140		
		City/ State and Zip Code	·	
	144 O C	•		
rwo	olff@firenzegroup.			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call:		
Roberto Wolf	ff	at (305	231-3131	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mai	Mailing Address Street Address			
	endment Section	Amendment Section		
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			
P.O. Box 6327 Tallahassee, FL 32314			xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



: K . .

EQWS INTERNATIONAL CORPORATION

14 AUG 22 PM 3: 02

(Name of Corporation as currently filed with the Florida Dept. of State)

P93000049334

SECRETARY OF STATE TALLAHASSEE FLORIDA

(Document Number of Corporat	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, ts Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporatio	<u>1:</u>
	The new
	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ion "P.A."
B. Enter new principal office address, if applicable:	2555 Colllins Ave # 2408
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami Beach, FL 33140
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same
o. 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 ad	
Name of New Registered Agent	
(Flori	da street address)
New Registered Office Address:	, Florida (Zip Code)
	(гр Соце)
lew Registered Agent's Signature, if changing Registered A	gent:
hereby accept the appointment as registered agent. I am fam	utar with and accept the obligations of the position.

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	PT J	ohn Doe			
X Remove	<u>v</u> <u>n</u>	Mike Jones			
X Add	<u>sv</u> <u>s</u>	Sally Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
1) Change	VPD	Aldo Saavedra	529 Curtiss Pkwy		
Add			Miami Springs, FL 33166		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change	· · · · · · · · · · · · · · · · · · ·				
Add					
Remove					
6) Lange		The state of the s			
Add					
Remove					

	ssary). (Be specific	;)		
				
				·····
		-		
	-			
				
	an exchange, reclas	sification, or cance	llation of issued sha	ares,
an amendment provides for		ot contained in the	amendment itself:	
provisions for implementing t	<u>the amendment if no</u> - <i>N/A</i>)			
an amendment provides for provisions for implementing t (if not applicable, indicate	N/A)			
provisions for implementing t	the amendment if no N/A)			
provisions for implementing t	the amendment if no			
provisions for implementing t	the amendment if no			
provisions for implementing t	the amendment if no			
provisions for implementing t	the amendment if no			
provisions for implementing t	the amendment if no			
provisions for implementing t	the amendment if no			
provisions for implementing t	the amendment if no			
provisions for implementing t	the amendment if no			

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	, 02.00 2.00 1.
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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 cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
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_08/01/2014	
Signature Chaq USM	
(By a director, 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 appointed fiduciary by that fiduciary)	
ELIANA R. WOLFF	
(Typed or printed name of person signing)	
SECRETARY	
(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: EQWS Inte	rnational Corpo	ration		
	R: P9300004933				
	Amendment and fee are su				
Please return all correspondent	ondence concerning this ma	tter to the following:			
	Roberto Wolff				
		Name of Contact Person	1		
	EQWS International Corporation				
2	555 Collins Ave	Firm/ Company # 2408			
<u></u>		Address	· · · · · · · · · · · · · · · · · · ·		
N	/liami Beach, FL	33140			
		City/ State and Zip Code			
rwol	ff@firenzegroup.	com			
		sed for future annual report	notification)		
For further information of	concerning this matter, pleas	se call:			
Roberto Wolff		at (305	, 231-3131		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	urtment of State:		
S35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			