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AUG 07 2015

R. WHITE

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: F. JimeNez Electrical Contractor INC DOCUMENT NUMBER: PO3000134274			
DOCUMENT NUMBER	: TUSUUD 15	42.79	
The enclosed Articles of A	Imendment and fee are sul	bmitted for filing.	
Please return all correspor	ndence concerning this mat	ter to the following:	
FRANCISCO TIMENEZ  Name of Contact Person			
F. TimeNez Electrical Contractor INC			
	•	Firm/ Company	
<u>H</u>	910 5457 U	lest	
		Address	
h	ehigh Acres	Fhorida 3	3971-1001
City/ State and Zip Code    Merve 2 3989 @ Bell 5001h • Net   E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
FEANCISCO A	Pme der	at (786	295-2180
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
□ \$35 Filing Fee	23\$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	z Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

to Articles of Incorporation of

FILED

F. Jemenes Flectrical Contra	ictor Inc 15 AUG-5 AH 4: 04
	rrently filed with the Florida Dept. of State)
<u> </u>	TALLAHASSEE, FLORIDA
(Document Nurr	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>on:</u>
	The new
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	49/0 5415T West
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Lehigh Acres Florida
	22G71 1001
	22111-1001
C. Enter new mailing address, if applicable:	4910 5454 West
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	heligh Acres Florida
	33971 - 1001
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.
Signature of	New Registered Agent, if changing

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 <math>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:		y, =	
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)	Title	<u>Name</u>	Address
1) Change	-		<u> </u>
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti- (Attach additional sheets, if necessary).	cles, enter chang (Be specific)	e(s) here:			
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If an amendment provides for an exchi- provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassifica Idment if not con	tion, or cancel tained in the a	lation of issued s mendment itself:	<u>hares,</u>	
					·
				<del></del>	
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		<del></del>	<del>- 1112 11</del>		

The date of each amendment(s) adoption: _ date this document was signed.	7(29)2015	, if other than the
	D/26/2015	
Effective date if applicable:	(no more than 90 days after am	sendment file date)
		•
Note: If the date inserted in this block does document's effective date on the Department of		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient fo		es cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each votil		
"The number of votes cast for the am	nendment(s) was/were sufficient for	approval
by		.,,
6	voting group)	
The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholde	r action and shareholder
Dated	19/2015	
Signature	Home	
(By a director, pr	resident or other-officer - if director	s or officers have not been
	ncorporator - if in the hands of a rec	ceiver, trustee, or other court
appointed fiducia	ary by that fiduciary)	
FR	ANCISCO Jimene	2
	(Typed or printed name of persor	signing)
PR	esident	
	(Title of person signi	ng)