P180000 70750

(Re	questor's Name)	
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Amend

MAY 3 0 2019 I ALBRITTON

COVER LETTER:

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: LITHONIX POWER INC P180000 70750 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MR KIM ETHERINGTON

Name of Contact Person

LITHONIX POWER | NE

Firm/ Company 311 ALTAMONTE COMMERCE BLUD, UNIT 1618

Address

ALTAMONTE SPRINGS FL. 32750

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MR. KIM ETHERINGTON at (407) 443 9697

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 \$3.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as currently filed with the Florida Dept. of P18 00 00 70 750 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adoptits Articles of Incorporation: A. If amending name, enter the new name of the corporation. "company." or "incorporation" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Florida street address)	ts the following amendment(s) to Thenew ted " or the abbreviation
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New Registered Office Address:, F	
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	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	the nosition
	me position.
	ine 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 John D	<u>loe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
_X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One) 1) Change	Title DIR	Name KIM ETHERINGTON	
Add			LONGWOOD, FL.
2) Change Add	<u>DIR</u>	JENNIFER LARENCE EGGI	1811 NW 51 STREET PMB 398 H-2D FURT LAUDERDALE FL. 33309
X Remove 3) Change Add Remove			
4) Change Add			
Remove Change Add			
6) Change Add			
Remove			

	(Be specific)
	
	
	
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f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exc provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) ad	option:	, 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 bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amen ficient for approval.	dment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and sha	ireholder
☐ The amendment(s) was/were ado action was not required.	nted by the incorporators without shareholder action and shareho	older
Dated5	15/2019 LM	
Signature	L Tho	
(By a di	rector, president or other officer - if directors or officers have no	
	, by an incorporator – if in the hands of a receiver, trustee, or oth	ner court
appoint	ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
•	(Typed or printed name of person signing)	
	PRESIDENT LPI GROUP LLC (Title of person signing)	100% SHAREHADER
	(Title of person signing)	····