# G90995

Office Use Only



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#### **COVER LETTER**

NAME OF CORPORATION: ALFA Electronics Supply Two Compositions of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

GIFA & Control CS SUPPLY INC

Firm/ Company

6444 Pembroke Rd.

Address

MIRAMAI, Florida 33033

City/ State and Zip Code

Ifa electronics 1 @ hotmai/.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Estrella Hernandez at (954) 987-5395

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:

S35 Filing Fee

TO: Amendment Section

□\$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

### **Articles of Amendment**

to

## Articles of Incorporation of

alfa Electronies Su	APLY INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
990995	<del></del>
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
• •	$\Lambda(I_{\mathcal{O}})$
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1919
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
(Mauing address MAI BE A FUNI UFFICE BUA)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
mala 11a	HERNANDEZ
Bayo NW	180 Streat
(Florida stre	et address)
New Registered Office Address: Mia Mi	, Florida <u>390/5</u>
	City) (Zip Code)
N. D. abe . I A . at 60 and . If the actor Depters decided	•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Doug	ne Are E
Signature of New Re	oistered Agent if changing
2 pignimic of New Ne	Emped users A community
	A STATE OF THE STA

## 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: X Change	PT John Doe		
X Remove	V Mike Jones	i	
X Add	SV Sally Smith	h	
Type of Action (Check One)	Title N	<u>ame</u>	Address
1) Change	P	a fael Heenander JR	8240 NW 1805t
Add Remove		·	Miami F1 33015
2) Change Add		estrella Hernander	8240 NW 1805 Hiami A 33015
Remove 3) Change Add			
Remove 4) Change Add		W/9	
Remove  5) Change  Add	and the second s		
Remove  6) Change			
Add Remove			
INCLLIONE			

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MARCHAN CRIMENCE OF ARTHUR AND	
	<del></del>
n amendment aravides for an i	exchange, reclassification, or cancellation of issued shares,
ovisions for implementing the	amendment if not contained in the amendment itself:
(if not applicable, indicate N/A	4)
	n ) [
	n)(a
	N/a
	Na

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory 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. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separa	
"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 sha action was not required.	areholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareho action was not required.	older action and shareholder
Dated 0/28/16/	
Signature ( S ) Sum	
(By a director, president or other officer - if direct	
selected, by an incorporator – if in the hands of a	receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Estrella Her	enandez
(Typed or printed name of per	rson signing)
A COLINE	. 17

(Title of person signing)