## P0000 48042

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
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Shakilan Janelani

WAROEDER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	N:	CTRICAL CONTI	RACTORS	CORP	
DOCUMENT NUMBER: _	P00000048042				
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.			
Please return all corresponder	ce concerning this ma	tter to the followin	ig:		
	,	YURAIME FERN	ANDEZ		
		Name of Conta	ect Person	<del></del>	
	WIZARD TAX INC				
	Firm/ Company				
	6741 SW 24TH ST STE 55				
	Address				
	MIAMI, FL 33155				
<del></del>		City/ State and	Zip Code		
		yurita768@ho	tmail.com		
	mail address: (to be us			otification)	
	`		•	,	
For further information conce	rning this matter, pleas	se call:			
YURAIME FERNANDEZ		at (	786	545 - 6693	
Name of Conta	act Person		Area Code	& Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount made	payable to the Flor	ida Depart	ment of State:	
-	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	y	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ad Amendment Division of P.O. Box 61 Tallahassee	t Section Corporations 527		Division Clifton E	nent Section of Corporations	

Tallahassee, FL 32301

## Articles of Amendment

to
Articles of Incorporation

οf

## SUNSHINE ELECTRICAL CONTRACTORS CORP

(Name of Corporation	n as currently filed with the Florida Dept. of State)
	P00000048042
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendments
A. If amending name, enter the new name of the corp	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u> )
	<u></u>
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7 19 19
	S De C
	, and (
	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
iew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It	stered Agent: am familiar with and accept the obligations of the position.
The second secon	
Signat	oure 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, at 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 officeld. 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 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 Chang 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	D	PERDOMO, EDILIO	6120 SW 32 AVE
X Add	<del></del>		MIAMI, FL 33173
Remove			
2) Change	T	OLIVERA, ANGEL R	11300 SW 49TH ST
X Add			MIAMI, FL 33165
Remove			<u> </u>
3) Change			
Add			27 72
Remove			
4) Change			)
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
· · · · · · · · · · · · · · · · · · ·	<del>_</del>
	229.
	19
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	22 7
	,,
	<u>.</u>

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wild document's effective date on the Department of State's records.	1 not be listed as
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) $\mathbb{R}_{\mathcal{C}}$	19
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	F !!.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	732 T)
Dated 7/18/2019 Signature Maxie Sontrestation	. co
Signature Mariacco Sontres Chara	
(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)	
MARIANO J SANTIESTEBAN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	