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R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PRO SOU	and 4 Electrical, INC				
DOCUMENT NUMBER: PØ3ØØ	ØØ37704				
The enclosed Articles of Amendment and fee are s	submitted for filing.				
Please return all correspondence concerning this m	natter to the following:				
Ronald	ARONOFF Name of Contact Person L + Eletricol, INC Firm/ Company				
	Name of Contact Person				
- PRO JOON	L + Electrical, INC				
7964 Glen A	Address				
ORLANDS, FL	32819				
ORLands, FL 32819 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, plea	ase call:				
Progld Aronalt	at (407) 468-3396				
Name of Contact Person	at (407) 468-3396 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	e payable to the Florida Department of State:				
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address				
Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to

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Articles of Incorporation of

16 DEC 29 PM 3: 42

		0.00	or programmy and a	K ala
	tion as currently file		Dept. of State	Part A
TO Sound + Electrial, INC	P3QQQQ3	7784		
(Docu	ament Number of Cor	poration (if known)	
Pursuant to the provisions of section 607.1006, Floring ts Articles of Incorporation:	da Statutes, this <i>Flori</i>	da Profit Corpora	tion adopts the fo	ollowing amendment(
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	rp," "Inc," or "Co".	A professional c	ncorporated" or orporation name	the abbreviation must contain the
3. Enter new principal office address, if applicab				
Principal office address <u>MUST BE A STREET AD</u>	<u>ODRESS</u>)	•		
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	<u></u>	······································	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>ox</u>)	· · · · · · · · · · · · · · · · · · ·	·····	
				
			· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
 If amending the registered agent and/or registened agent and/or the new registered 		n Florida, enter tl	e name of the	
	a office addition			
Name of New Registered Agent				
	······································			
1	(Florida street ad	ldress)		
New Registered Office Address:	,		, Florida	.
	(City)			(Zip Code)
Novy Desigtanced Accounts Circumstance of the mainer De				
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	gisteren Agent: I am familiar with a	and accept the oblis	rations of the po	sition.
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	•			
Sig	nature of New Regist	ered Agent if chan	aina	

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.

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>	Name	<u>Addres</u> s
1) Change	<u>V</u>	JAMES Doralus	15541 Kensington TRAIL
X Add			Clermont, Fl 34711
Remove			
2) Change			
Add			
Remove			The second secon
3) Change			
Add			
Remove			
4) Change		-	-
Add			
Remove			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6)Change			
Add			
Remove			•

	<mark>g or adding additio</mark> itional sheets, if nece	essary). (Be spe	cific)			
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	M-12-1, 2-17-1,	-		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
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f an amen	dment provides for	an exchange, rec	lassification, or o	ancellation of issu	ed shares.	
nrovisions	for implementing	the amendment if	f not contained in	the amendment it	self:	
/1C	applicable, indicate	? N/A)				
(if not						
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The date of each amendment(s) adoption: _ late this document was signed.	December	2 27,	2016	, if other than the
Effective date <u>if applicable</u> :	December	27 2	2016	
	(no more than 90 de			
Note: If the date inserted in this block does document's effective date on the Department of		e statutory fil	ing requirements, this	date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)			
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		mber of votes	cast for the amendme	nt(s)
The amendment(s) was/were approved by t must be separately provided for each voting				ement
"The number of votes cast for the ame	endment(s) was/were su	ifficient for a	oproval	
by	oting group)			·
(ve	oting group)			
The amendment(s) was/were adopted by the action was not required.	e board of directors wit	hout sharehol	der action and shareho	older
The amendment(s) was/were adopted by the action was not required.	e incorporators without	shareholder a	action and shareholder	
Dated December				
Signature	a arong			
(By a director, pre	sident or other officer-			
	corporator – if in the ha	nds of a recei	ver, trustee, or other c	ourt
appointed inductar	ry by that fiduciary)			
	Konald A			
	(Typed or printed nam	e of person s	gning)	•
	President			
	(Title of p	erson signing)	