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SECRETARY OF STATE OIVISION OF CORPORATIONS

12 JUN 18 PM 2: 05

Amend

JUN 2 0 2012 T. BROWN

COVER LETTER

Division of Corporations NAME OF CORPORATION: TRANSPOWER INTERNATIONAL INC *20*70*0*000 79 1064 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HUGO LIRA / CYRO RAFFA RANSPOWER INTERNATIONA CYPORAGEA OTRANS POWER TAX. COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

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Mailing Address

TO: Amendment Section

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

(Additional Copy is enclosed)

Articles of Amendment to

Articles of Incorporation of

DIVISECRETATION
DIVISECRETARILED 12 JUN 18 PM 2: 00
12 JUN 18 PM 2: 05

TRANSPOWER IN	TERNATIONAL INC	_ ~// 2 '
(Name of Corporation as currently filed w	with the Florida Dept. of State)	- 14 2:05
P 070000 79	1064	
(Document Number of Corp	poration (if known)	-
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following	ng amendment(s) t
A. If amending name, enter the new name of the corpor	ration:	
	<u> </u>	_The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "It word "chartered," "professional association," or the abbra	Inc," or "Co". A professional corporation name must	
B. Enter new principal office address, if applicable:		_
Principal office address <u>MUST BE A STREET ADDRES</u>	<u> </u>	
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
•		-
		_
		<u></u>
D. If amending the registered agent and/or registered of		
new registered agent and/or the new registered office	e address:	
Name of New Registered Agent	***************************************	
(1	(Florida street address)	
New Registered Office Address:	, Florida (Zip Code)	-
	(City Code)	
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agent. I am	jamular wun ana accept the obligations of the position.	
Cimeature of Nan Do	ogistored Agent if changing	
Algnum M New Ko	SVINELEIA AVEIR AL CHINVINV	

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.

<u>X</u> Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	VDS CYRO RAFFA	4150 NW 62 BN COCDNUT CREEK FC 33073
2) Change Add Remove		
3) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
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					, , , , , , , , , , , , , , , , , , ,
provisi	nendment provides for a ions for implementing the not applicable, indicate in	he amendment if no	ification, or cance t contained in the	ellation of issued sha amendment itself:	res,
	пог аррисионе, такине п	(VA)			
				,	
······································					
					,

The date of each amendment(s) adoption: 06/14/12			
Effective date <u>if applicable</u> :			
	(no more than 90 days after amendment file date)		
doption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.		
	roved by the shareholders through voting groups. The following statement 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)		
	(voting group)		
action was not required. The amendment(s) was/were ado	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder		
DatedSignature	5/14/12 1		
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)		
	HUGO Liza		
•	(Typed or printed name of person signing)		
	PNESENT		
-	(Title of person signing)		