P07000091151

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C. LEWIS
NOV 2.7 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	D070000115		ITRACTOR INC.		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	RON PORAT				
		Name of Contact Person	1		
	ARU BUSINESS	SERVICE INC.			
		Firm/ Company			
	6702 N. GUNLO	CK AVENUE			
	Address				
	TAMPA, FL 3361	4			
		City/ State and Zip Code			
AF	RU.RON@GMAIL.	СОМ			
		sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
RON PORA	Т	at (813	, 870-0060		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment of State:		
■ \$35 Filing Fee	□\$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		Amend Divisio Clifton	Address Iment Section on of Corporations Building		
		2661 Executive Center Circle Tallahassee, FL 32301			

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation of

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

EXTRA ELECTRICAL CONTRACTOR INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P0700091151	,
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	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 "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address: (City)	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second se	th and accept the obligations of the position.
Signature of New Registered Ag	ent, if changing
	1 4 G G

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	<u>PT</u> <u>Jo</u>	ohn Doe		
X Remove	<u>V</u> <u>M</u>	Mike Jones		
X Add	<u>SV</u> <u>S</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	vp	SUSAN M. MULLINS	3600 BLISS AVENUE	
Add	.		ORLANDO, FL 32806	
Remove				
2) Change	SEC	SUSAN M. MULLINS	3600 BLISS AVE.	
Add			ORLANDO, FL 32806	
Remove				
3) Change	<u>VP</u>	SAMIRBHAI P. PATEL	5653 HARRELLS NUSERY	
✓_ Add			ROAD	
Remove			LAKELAND, FL 33812	
4) Change	SEC	SAMIRBHAI P. PATEL	5653 HARRELLS NURSER	
√ Add			ROAD	
Remove			LAKELAND, FL 33812	
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Art (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
· . - -		
		<u> </u>
		
	<u> </u>	
		<u> </u>
<u>.</u>		<u> </u>
If an amendment provides for an exclusions for implementing the ame	ange, reclassification, or cancellated	tion of issued shares, endment itself:
(if not applicable, indicate N/A)		
	-	

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The date of each amendment(s) adoption:	SECRETAB IT OFFICE THAT THE FALL AHASSEE, FLORIDA
date this document was signed.	TALLAHASSEE, FLORIDA
Effective date if applicable:	
(no more than 90 days	fter amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through vo must be separately provided for each voting group entitled to vote sequences.	
"The number of votes cast for the amendment(s) was/were suffic	ient for approval
by(voting group)	99
(voting group)	
The amendment(s) was/were adopted by the board of directors withou action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
Dated	2 11
Signature	ellis
(By a director, president or other officer – if selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
Paul Mull (Typed or printed r	ins
(Typed or printed r	ame of person signing)
Presider	<u> </u>
(Title of pe	rson signing)