

PO7000102846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

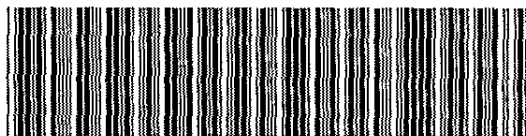
(Document Number)

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FILED
07 OCT -1 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts OCT 01 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2007

JESUS LEON
HURRICAN POWER DESIGN, INC
2495 S W 24TH TERRACE
MIAMI, FL 33145

SUBJECT: HURRICAN POWER DESIGN, INC
Ref. Number: P07000102846

We have received your document for HURRICAN POWER DESIGN, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 507A00056170

RECEIVED
2007 OCT -1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HURRICAN POWER DESIGN, INC

DOCUMENT NUMBER: P07000102846

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS LEON

(Name of Contact Person)

HURRICAN POWER DESIGN, INC

(Firm/ Company)

2495 S.W. 24TH TERRACE

(Address)

MIAMI, FL 33145

(City/ State and Zip Code)

For further information concerning this matter, please call:

JESUS LEON

(Name of Contact Person)

at (786) 4781718

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

[The page contains several horizontal lines, likely representing redacted information or a placeholder for a drawing.]

(Attach additional pages if necessary)

(continued)

The date of each amendment(s) adoption: 9/18/2007

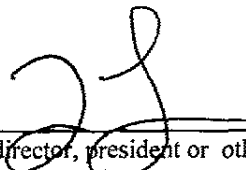
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved 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)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature 
(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)

JESUS LEON
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35