## P08000081643

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Amend

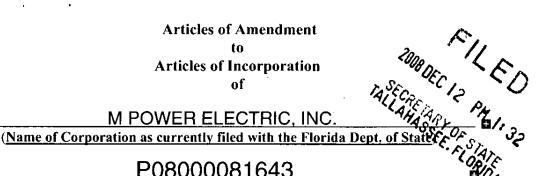
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## **COVER LETTER**

, **TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: M POWER	R ELECTRIC, INC.	3
DOCUMENT NUMBER: P08000081	1643	₽
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
	ETTA KOHL	
(Name	of Contact Person)	
	JSINESS SERVICES, INC.	
(Fi	rm/ Company)	
1422	2 SE 8TH AVENUE	
	(Address)	
	E CORAL, FL 33990 State and Zip Code)	
For further information concerning this matter,	•	
ETTA KOLW		
ETTA KOHL (Name of Contact Person)	at () 214-0282  (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:	
\$35 Filing Fee \$Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of State Certified Copy (Additional Copy is enclosed)	IS
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	

## **Articles of Amendment Articles of Incorporation**



P08000081643

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

acorporated" or the abbreviation "Corp	le and contain the word "corporation, p.," "Inc.," or Co.," or the designation name must contain the word "charter	"Corp," "Inc," or
Enter new principal office address, if incipal office address MUST BE A STI		
Enter new mailing address, if applica (Mailing address MAY BE A POST Of Internal ADDRESS MAY BE A POST OF IN	/or registered office address in Florida, e	nter the name of the
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
<u>New Registered Office Address:</u> w Registered Agent's Signature, if cha	(City)	, Florida (Zip Code)

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>T</u>	RONDA MESHULAM	703 Jack Ave N Lehigh Acres, FL 33971	
	<del></del>		□ Add □ Remove
			U Kelnove
			····
provisio		ge, reclassification, or cancellation o ent if not contained in the amendmo	
	. , , , , , , , , , , , , , , , , , , ,		

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
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"
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.
Dated $12/08/08$
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)
MICHAEL MESHULAM
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)