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EXAMINER



COVER LETTER

TO: Amendment Section

· Division of Co	orporations		
NAME OF CORP	PORATION: ZODA	levez Electric	Company.
DOCUMENT NU	MBER: <u>P0900</u>	00 31911	· · · · · · · · · · · · · · · · · · ·
The enclosed Artic	les of Amendment and fee ar	e submitted for filing.	
Please return all co	rrespondence concerning this	s matter to the following:	• .,
	CEIAN WIS	ROOMIGUEZ, P.E.	M.E.C.
	Roonious	E Electric Com, Firm/Company	PANY
	9625 SW 2	24 ST., STE. C	-108
		FL, 33/65- and Zip Code EXECUTE RE-CO. US Tor future annual report notification)	
Ear further informs	E-mail address: (to be used attion concerning this matter,)		
_	_	C. at (<u>305</u>) 975- Area Code & Daytime Te	Lephone Number
Enclosed is a checl	k for the following amount m	ade payable to the Florida Depar	rtment 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 Ac Amendmen Division of P.O. Box 67 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le

Articles of Amendment Articles of Incorporation Electric (Name of Corporation as currently filed with the Florida Dept. of State) PO 90 0003/9/1 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: _, Florida_ (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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
P4 CFONO	CESAR LUIS RODRIGUEZ, Sr.	9625 SW 245T. STE. C-108 Miami, FL, 33165	☐ Add Remove
VP4 COO ControllER	MANIBEL RODALGUEZ	9625 SW 243T. STE. C-108 MIAMI, FL, 33/65	
			Add
(N/A)	ional sheets, if necessary). (Be specific	,	
	dment provides for an exchange, recla		
	for implementing the amendment if no pplicable, indicate N/A)	t contained in the amendment	tseii: