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## **COVER LETTER**

**FO:** Amendment Section Division of Corporations

<i>y</i>	·	
NAME OF CORPORATION:	Power Tech Electric, In	C
DOCUMENT NUMBER:	P09000072353	
The enclosed Articles of Amendment and fee	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	Dexter Casanova	
	Name of Contact Person	
Pe	ower Tech Electric, Inc	
	Firm/ Company	
8	742 NW 174th Terrace	
	Address	
	Miami, Florida 33018	
	City/ State and Zip Code	
mail@  E-mail address: (to be	cowertechelectric.org used for future annual report notification)	
For further information concerning this matte	er, please call:	
Dexter Casanova	#( ( )	36-4031
Name of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for the following amoun	t made payable to the Florida Depart	ment of State:
☑ \$35 Filing Fee	\$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	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	of		ILLED
Powe	r Tech Electric, Inc		2018 JUN 28 AM 11: 09
· (Name of Corporation as c	urrently filed with the Florida Dept. of	State)	SF(Dr- AM 11:09
F	209000072353	*	SECRETARY OF STATE TALLAHASSEE, FLORIDE
(Document	Number of Corporation (if known)		LURID :

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

	N/A		The ne
ame must be distinguishable and contain hbreviation "Corp.," "Inc.," or Co.," or th ame must contain the word "chartered," "pr	e designation "C	orp," "Inc," or "Co". A p	rofessional corporati
. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		N/A	
. Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF		N/A	
If amending the registered agent and/or			ne name of the
new registered agent and/or the new reg			
Name of New Registered Agent:	N/A		
	. (Flor	ida street address)	
Name of New Registered Agent:	. (Flor	, F	lorida

## 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>	Name	Address	Type of Action
Director Miguel	Miguel Conde	5321 SW 140 Place Miami, Florida 33175	
	<del></del>		
	ng or adding additional Articl litional sheets, if necessary).		
provision		ange, reclassification, or cancellation Iment if not contained in the amendn	
N/A			
· · ·	·		•
		the state of the s	

The date of each amendmen	it(s) adoption: 6/22/2010
Effective date <u>if applicable</u> :	6/22/2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
	v · · · · · •
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemen led for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_6/22	X (hal
sel	y a director, president or other officer — If directors or officers have not been lected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Dexter Casanova
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)