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#### **COVER LETTER**

TO: Amendment Section Division of Corporations IDC Electric Maintenance Repair INC 0900100143 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code DCEMPIO comca For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **5** S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

#### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2020

ROBERTA PLAMONDON 10 REPUBLIC DRIVE NAPLES, FL 34112

SUBJECT: KDC ELECTRIC MAINTENANCE REPAIR INC.

Ref. Number: P09000100143

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Letter Number: 220A00010979

Claretha Golden Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment

to

Articles of Incorporation

KDC Electric /	Mainte	rance	Repair -	INC	<u>-</u>
	ration as currently	filed with the Flor	ida Dept. of State)		
P09000 10019	43				
(Do	eument Number of	Corporation (if kno	wn)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this I	Florida Profit Corpo	ration adopts the following	ng amendm	ient(s)
A. If amending name, enter the new name of the	e corporation:			TI	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "Inchartered," "professional association," or the ab	'nc," or "Co". A	ompany," or "incorp professional corpo	porated" or the abbreviati tration name must conta	The nevion "Corp in the wor	"
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		NA			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u> D. If amending the registered agent and/or regi		N/A	r the name of the		
new registered agent and/or the new register			the name of the		
Name of New Registered Agent //	/ <u>A</u>			_	
	(Florida stre	et address)		_	
New Registered Office Address:			Florida		
	•	(City)	(Zip	Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	nt. I am familiar w			2020 .F.:: 1.6	• ;
Si	Signature of New Re	gistered Agent, if ch	anging	. :	
Check if applicable				9	
☐ The amendment(s) is/are being filed pursuant to	s. 607.0120 (11) (	e), F.S.	•	AH 10:	ا .

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>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
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X Add				Naples F134112
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  N/A  If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  N/A  N/A	E. If amending or adding	additional Articles	s, enter change(s	s) here:		
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The date of each amendment(s) adoption: 3 /20 / 70	, if other than the
5/20/21	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment( by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by'"	
(voting group)	
Dated6]15 /20	ſ
K Hammam Pasid	lat
Signature : 7 (CVY (OY) (Y) (SU) (SU) (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 cour appointed figure by that fiduciary)	τ
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<u>Roberta Mamons</u>	70h
(Typed or printed name of person signing)	
Y resident	
(Title of person signing)	