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FILED STATE SECRETARY OF STATE OF CORPORATIONS

Maril Chs na 12/1/12

COVER LETTER

Division of Corporations NAME OF CORPORATION: Miami Lighting and Breakers DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Terrace. Spermits@amail.com
address: (to be used for future annual report notification) For further information concerning this matter, please call: Frica Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 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

TO: Amendment Section

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Flor	rida Dept. of Stat				
Miami Lighting and (Document Number	1 Breaker	s Inc.	/ Piloc	000791	00	
(Document Number	of Corporation (if K	nown) /				
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Flo	orida Profit Corp	<i>oration</i> adopts	the following	amendment(s) to	
A. If amending name, enter the new name of the	corporation:					
En Getters Permits	nc.			,	The new	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the contains tha	rp." "Inc," or "Co	". A professione	"incorporate al corporation	d" or the abb	breviation	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.						
						
				•		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	nov)					
(muting address MAI DE A FOST OFFICE I	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				* E	<u>A.</u>
·					2 0 Slor	27
		·			23	97
D. If amending the registered agent and/or regis		s in Florida, ente	r the name o	f the	<u>ئ</u>	0000
new registered agent and/or the new register	ed office address:				P	9.5
Name of New Registered Agent					C.	
	- Cl				6	
	(Florida street	address)				
New Registered Office Address:	(City)		_, Florida	(Zip Code)		
	(6,)			(Esp Cour)		
Nov. Docistoned Agentle Signature if the air D		,				
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		h and accept the c	obligations of	the position.		
Signature of	New Registered Age	ent, if changing	<u> </u>			

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.

X Change	<u>PT</u>	John Doc	2				٠	
X Remove	<u>v</u>	Mike Jon	<u>ies</u>					
X Add	<u>sv</u>	Sally Sm	<u>ith</u>					
Type of Action (Check One)	Title	aa	<u>Name</u>		H	Address		N
1) Change	<u></u>	PP-	Vincent	M. LaBett	<u>4</u> _	13835 9	0 23rd	Terr
Add					_	Miami, I	7 33179	2
Remove				. •				
2) Change		_			_			
Add					•			
Remove								
3) Change							<u></u>	<u> </u>
Add							·	
Remove						_		
4) Change								_
Add								
Remove								
5) Change		_						
Add								
Remove								
6) Change					_		· •	
Add								
Remove								

ach additional sheets, if necessary	Articles, enter change(s) here: y). (Be specific)
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<u>-</u> -	
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-	
n amendment provides for an e	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	inendment it not contained in the amendment itself:
	,
	······································

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.
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. Dated 1115 2012 Signature 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
(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)
Erica Brunswick (Typed or printed name of person signing) President
(Title of person signing)