(F	Requestor's Name)	
(A	Address)	
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PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(L	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer	
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06/22/12--01030--002 **52.50

COVERLETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Auriemma Electric Inc.
DOCUMENT NUMBER: <u>P12000021318'</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHARLES P. AUTIEMMA Name of Contact Person
Auriemma Electric Inc
498 NF 26th TEODAGE
Address
BORA RATION EL 33431
City/ State and Zip Code
electritech 123 @ amail. com E-mail address: (to be used for future annisa) report notification)
For further information concerning this matter, please call:
CHARLES AvrienMA = (561) 929-6934
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee & Certificate of Status (Additional Copy is enclosed) \$35 Filing Fee & Certificate of Status (Certificate of Status (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32314 Z661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2012

CHARLES AURIEMMA AURIEMMA ELECTRIC INC 498 NE 26TH TERRACE BOCA RATON, FL 33431

SUBJECT: AURIEMMA ELECTRIC, INC.

Ref. Number: P09000011260

charlo. 541-929. 1934

We have received your document for AURIEMMA ELECTRIC, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2010 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report/uniform business report form and the appropriate fees.

The changes reflected in your document can be made on the reinstatement application. You can deduct the fee previously submitted from the reinstatement fee due.

The total amount due to reinstate is \$997.50.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 312A00017312

DEAR MS. ALBRIMON,

I'M WRITING TO INFORM YOU THAT I ORIGINALLY EVEMITTED

THESE FORMS ON JUNE 22nd (I believe), However

I LISTED THE INCORRECT DOCUMENT NUMBER.

I'M RE-SUBMITTING THESE FORMS NOW WITH THE

CORRECT INFORMATION.

THANK YOU FOR HELPING ME DUT WITH THIS.

THE CHECK THAT I SUBMITTED HAS ALREADY CLEARED.

THE CORRECT DOCUMENT NUMBER IS FIZODOOZI318

THANK you. Respectfully, Charles

PS. If you could fax back or email me confiemation of the ammendment ASAP that would be greatly appreciated.

AND NOT PO9000011260.

Articles of Amendment to Articles of Incorporation

	of	, II II	
Auriemma El	edric Ir	n گ	72
(Name of Corporation as curren	ntiv filed with the Flori	da Dept. of State)	
P120000213	18		
(Document Numb	ber of Corporation (if kr	own)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Torida Statutes, this <i>Flo</i>	rida Profit Corporation add	opts the following amendment(s) t
A. If amending name, onte; the new name of	the corporation:	1	
		VIA	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	'Corp," "Inc," or "Co	". A professional corporat	ated" or the abbreviation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFIC		MA	
D. If amending the registered agent and/or renew registered agent and/or the new registered	gistered office address ered office address;	in Florida, enter the name	oftic
Name of New Resistered Agent	/r	<u></u>	į:
New Registered Office Address:	(Florida streega	ddress) L Florida	;
	(City)		(Zo Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agents	and accept the obligations	of the position,
	NIT		<u>}</u> :
Signature	of New Registered Agen	t, if changing	,

P = President; V = V	ice President; T FO = Chief Fin	y the first letter of the offic Treasurer; S= Secretar ancial Officer. If an offic would be PTD.	ry: D= Director; TR=	Trustee; C = Cha e than one title, lis	irman or Clerk; CEC it the first letter of e) = Chief ach office
Changes should be no a change, Mike Jones Mike Jones, V as Ren	s leaves the com	wing manner. Currently .l poration, Sally Smith is na Smith, SV as an Add.	fohn Doe is listed as the med the V and S. The	se PST and Mike Jo se should be noted o	ones is listed as the V as John Doe, PT as a	There is the start of the change,
Example: X Change	5 .č T	ohn Doe			 - -	
X Remove	<u>v</u> <u>k</u>	like Jones			↑	
_X Add	<u>sv</u> s	ally Smith				
Type of Action (Check One)	<u> Title</u>	Name		<u>Addres</u> s		
Change Add Remove	CEO	MICHAE	LW McCoc	wan 40	98 NEZLA RATIONI ! 33431	Terrace
2) Change Add Remove		MICHAEL	A. FALCON	E 2	NEZG	KTERLIER L
3) Change Add Romove						
4) Change Add Remove						
5) Change Add Remove	**************************************					
6) Change Add Remove	New Transaction Control					

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)

mending or adding additional sheets, if nec	essary). (Be specific)			
Dlease	Ammend	Office	CD NIRES	TO DET
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in amendment provides for covisions for implementing	an exchange, reclassifi- the amendment if not co	cation, or cancellation ontained in the amo	ion of issued shares indiment itself:	1
(if not applicable, indicat	: N/A)			
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The date of each amendment(s) adoption:
Effective date if applicable: 615 12-
(no more than 90 dows after dimendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cust 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
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.
Doted 6/26/17
(By a director, president or other officer – if directors or officers have not beet selected, by an incorporator – if in the hands of a receiver, trustee, or other count appointed fiduciary by that fiduciary)
CHARLES P. AUTIEMMA (Typed or printed name of person signing)
President Owner (Title of person signing)