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R. Vigilia

SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Florida Utilities, In	ic.	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Alcides Golindano		
-		Name of Contact Person	1
-		Firm/ Company	
;	21437 SW 85 Path		
- -	Cutlor Day EL 22190	Address	
-	Cutler Bay, FL 33189	City/ State and Zip Code	
For further information	E-mail address: (to be us concerning this matter, pleas	sed for future annual report	notification)
Alcides Golindano		at (³⁰⁵	200-9100
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section In of Corporations Building Executive Center Circle Insee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Florida Utilities, Inc.

16 JAN -7 AM 8: 45

(Name of Corporation	the annual control of the first
	n as currently filed with the Florida Dept Strate AASSEE FLORIDA
13000006537	TALEMINGSEL FEORIGA
(Docume	nt Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the cor	poration:
	The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," vord "chartered," "professional association," or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	7
(Mailing unuress MAT BE A POST OFFICE BOX	/
o. If amending the registered agent and/or registere	
new registered agent and/or the new registered of	ffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(Florida street address)

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 sheet's, 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>	Name	<u>Addres</u> s
1) Change	S	Wilson Claretti	303 Coble Drive
X Add			Longwood, FL 32779
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			400454049494944444
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Manually II the Address of the American Indian
(g not approacts, mateure (m.r.)	
	
	

The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date if applicable:	
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amer by the shareholders was/were sufficient for approval.	odment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shaction was not required.	areholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated 01-04-2016 Signature	
(By a director, president or other officer – if directors or officers have nestlected, by an incorporator – if in the hands of a receiver, trustee, or ot appointed fiduciary by that fiduciary)	
Alcides Golindano	
(Typed or printed name of person signing)	
President	
(Title of person signing)	