P13000004573

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORA'	TION: ELEKTRICAL AD	VANTAGE, INC		
		R: P13000009573			
The enclosed Ar	ticles of	Amendment and fee are sub	omitted for filing.		
Please return all	correspo	ndence concerning this mat	ter to the following:		
	ЕТ	YAM ARTILES			
	Name of Contact Person				
	ELEKTRICAL ADVANTAGE, INC				
			Firm/ Company		
	11	890 SW 8 ST STE 500			
			Address		
	M	IAMI, FL 33184			
			City/ State and Zip Code		
	El	.EKTRICALADVANTAG	Е@ҮАНОО.СОМ		
	_	E-mail address: (to be us	ed for future annual report	notification)	
For further info	rmation c	oncerning this matter, pleas			
ETYAM ARTI	LES		at (_) 413-4333	
ì	Name of 0	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a ch	ieck for tl	ne following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
	Ameno Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assec, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303	

Articles of Amendment to Articles of Incorporation of

ELEKTRICAL ADVANTAGE, INC.

(Name of Corporation as cu	rrently filed with the Florida Dept. of Sta	ate)
P13000009573		<u> </u>
(Document Nur	mber of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statute s Articles of Incorporation:	s, this Florida Profit Corporation adopts th	ne following amendment(s'
A. If amending name, enter the new name of the corporation N/A	i <u>on:</u>	
ame must be distinguishable and contain the word "corporation Inc.," or Co.," or the designation "Corp," "Inc," or "Cochartered," "professional association," or the abbreviation	o". A professional corporation name m	The new abbreviation "Corp.," ust contain the word
B. Enter new principal office address, if applicable:	11890 SW 8 ST STE 500	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33184	2020
		AUG .
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11890 SW 8 ST STE 500	<u>.</u> .
	MIAMI, FL 33184	
		25
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		<u>he</u>
Name of New Registered Agent		
(Flor	rida street address)	
New Registered Office Address:	, Florid	da (Zip Code)
	(Chi)	τεφ τοιισ
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the	position.
Signature of 1	New Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change	_	N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
δ) Change		N/A	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	,20, 4,,
N/A	
-, -, -, -, -, -, -, -, -, -, -, -, -, -	<u> </u>
-	
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F. If an amendment provides for an exch	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)	
N/A	
	
	
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	08/07/2020
The date of each amendment(s) adoption	
date this document was signed.	
08/07/2020	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do- document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will not be listed as nt of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment(s) for approval.
	by the shareholders through voting groups. The following statement ting 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)
08/07/2020	
Dated	
Signature	
(By a director,] selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)
ETYAN	M ARTILES
	(Typed or printed name of person signing)
PRESII	DENT
	(Title of person signing)

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