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R. WHITE NOV 2 2 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LIGHTNING POV	VER E L INC	
DOCUMENT NUMBER: P13000019045		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
PEDRO MENDIVE		
LIGHTNING POWER E.J. I	Name of Contact Person NC	1
5794 SW 40 ST PMB1 61	Firm/ Company	
MIAMI, FLORIDA 33 (55	Address	
	City/ State and Zip Code	e
pedromendive@yahoo.com		
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
PEDRO MENDIVE	at (554-5440
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\sum \\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 17 NOV 20 PH 12: 28

LIGHTNING POWER EL INC

LIGHTHING FOWER EL INC	or
(Name of Co	rporation as currently filed with the Florida Dept. of State)
P130000019045	THE WAR THE CHICA
F130000017043	
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607 1006	
its Articles of Incorporation:	, Florida Statutes, this Florida Froja Corporation adopts the following amendment(s) to
as Atticles of incorporation.	<i>{</i>
A. If amending name, enter the new name of	 the corneration:
	() () () () () () () () () ()
	The new
name must be distinguishable and contain	the word "corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation	"Corp," "Inc," or "Co". A professional corporation name must contain the
word "chartered," "professional association,	or the abbreviation "P.A."
B. Enter new principal office address, if ap	
Principal office address <u>MUST BE A STREE</u>	ETIADDRESS)
C 12 4 20 11 10 12 11	₫
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	
(Mutting uturess MAT BE A POST OFF)	ILE BUS
	, , , , , , , , , , , , , , , , , , ,
D. If amending the registered agent and/or	registered office address in Florida, enter the name of the
new registered agent and/or the new reg	
Name of New Registered Agent	
	(Florida street address)
March 1700 Att	gr t
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if chang	ing Registered Agent:
	agent. I am familiar with and accept the obligations of the position.
}	
	Signature of New Registered Agent, if changing
ĺ	

address of each Officer of (Attach additional sheets, Please note the officer/din P = President; V = Vice of Executive Officer; CFO sheld. President, Treasure Changes should be noted	and/or D if necess rector titl President = Chief I r, Directo in the fo	sary) The by the first letter of the office title: The Treasurer: S= Secretary: D= Director: TR= Trivial Officer. If an officer/director holds more the or would be PTD. Howing manner: Currently John Doe is listed as the Proporation, Sally Smith is named the V and S. These si	ustee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones ^t	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	PEDRO MENDIVE	5794 S.W. 40 ST PMB
X Add			MIAMI, FLORIDA 33155
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	-		
Add			
Remove			- 1-172
5) Change		_	
Add			
Remove			
6) Change			
Add			P
Remove		11	

Chief office

Be specific)	
11	
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<u> </u>	
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1	
11	
nent if not contained in the amendment itself:	
ſ	ester change(s) here: (Be specific)

	10/25/17		
The date of each amendment(s) a date this document was signed.			_, if other than the
10/ Effective date if applicable:	25/17		
	(no n	nore than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D		et the applicable statutory filing requirements, this date will s records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK (</u>	ONE)	
The amendment(s) was/were ad by the shareholders was/were so		olders. The number of votes cast for the amendment(s) al.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the sharely reach voting group	cholders through voting groups. The following statement entitled to vote separately on the amendment(s):	
"The number of votes cast	t for the amen dm ente	(s) was/were sufficient for approval	
by			
	(vot ing gro	oup)	
☐ The amendment(s) was/were ad action was not required.	opted by the board o	of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorpo	orators without shareholder action and shareholder	
10/25/17 Dated			
Signature	Lilo	Alligna.	_
		or other officer - if directors or officers have not been	
	ted, by an incorporate ited fiduciary by tha	or if in the hands of a receiver, trustee, or other court at fiduciary)	
	PEDRO MENDIV	/E	
	(T yp ed	or printed name of person signing)	
	REGISTER AGE	NT [.]	
		(Title of person signing)	