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SECRETARY OF STATE
TALL AHASSEE

C. LEWIS

JUL 2 9 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: _	True	Power	Soluti	ions_	cf	Tampa	Bay	Inc.
DOCUMENT NUMBER:	D I	<u> 30000</u>	554	98		***		
The enclosed Articles of Amendme	ent and fee are su	abmitted for filir	ıg.					
Please return all correspondence co	oncerning this ma	atter to the follow	ving:					
	Ome	Name of Co	-muz					
		Name of Co	ntact Person	l				
True	Power	Solution Firm/C	ompany	- 9c	Tamp	a Boy	Inc	
1240	8 North	- 01a	Ave.					
		Add	ress					
Tampa	FZ	33612			···			
		City/ State a	nd Zip Code	;				
mahmud E-mail Mahmud く For further information concerning			uersolut mual report Corn	notificatio	512 (n)			
Omer Mahm	کے	at (813		Sc2 -	8230		
Name of Contact Pe	erson		Area Coo	le & Dayt	ime Telepi	hone Number		
Enclosed is a check for the following	ng amount made	payable to the F	lorida Depa	rtment of	State:			
	'5 Filing Fee & icate of Status	□\$43.75 Fili Certified C (Additional enclosed)	ору	Certif Certif (Addi	0 Filing Folicate of Stried Copy tional Cop closed)	atus		
Mailing Address Amendment Sect				Address ment Secti	ion			

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

True Pa	ower	Solutions	of	Tampa	Bay	Inc.
(Name of Corporation as co	urrently file	d with the Florida	Dept. of S	tate)		
D130	2000	55498				
		orporation (if know	vn)			
D	000 Florido (Namasan dhin 178-wi	In Dunks C		a the following	- omendment(a) to
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	Juo, Florida S	sianues, uns <i>Pioria</i>	a Proju Ce	<i>пероганов</i> адорг	s the following	; amendmends) w
A. If amending name, enter the new nam	e of the cor	poration:				
						The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	ion "Corp,"	"Inc," or "Co".	A professi	or "incorporation onal corporation	ed" or the ab n name must c	breviation ontain the
B. Enter new principal office address, if	applicable:					
(Principal office address MUST BE A STR	REET ADDR	EESS)			ALL SEC	ಪ
					<u> </u>	E TI
			-	····	D 22	26
C. Enter new mailing address, if applica	ıble;				en e	57 PM
(Mailing address MAY BE A POST OF	FFICE BOX				ń	AK O
			_		95	بب . د
					IDA	\$6
D. If amending the registered agent and/ new registered agent and/or the new i			Florida, e	nter the name o	f the	
new registered agent and/or the new i	registereu o	nice squi ess.				
Name of New Registered Agent						
_						
		(Florida street ad	dress)			
New Registered Office Address:				, Florida		-
•		(City)			(Zip Code)	
		4 4				
New Registered Agent's Signature, if cha I hereby accept the appointment as register	ingi ng Kegis red agent. I	tere <mark>a Agent:</mark> am familiar with a	nd accept to	he obligations of	the position.	
Sign	ature of New	Registered Agent,	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.

Example: X Change	<u>PT John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Omer Mahmuz	12408 North Ola Ave
Add			Tampa, FL 33E12
Remove			
2) Change		Billy Jones	21407 Snow HILL Rd.
Add			Brocksville, FC 34601
Remove			
3) Change			
Add			
Remove			
4) Change			A-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			•

	nending or addi ch <i>additional sh</i>	eets, if necessary).	(Be specific)	-		
			———			
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			, <u></u>	7.11.12		
<u>f an</u> prov	<u>visions for impl</u>	ovides for an exch ementing the ame le, indicate N/A)	hange, reclassific endment if not co	ation, or cance ntained in the s	lation of issued sh mendment itself:	<u>ares,</u>
· · · · · · · · · · · · · · ·						
,	P. V					

The date of each amendment(s) adoption:date this document was signed.	July 25th	2013	_, if other than the
Effective date <u>if applicable</u> : (ne	o more than 90 days after amend	20\3 ment file date)	
Adoption of Amendment(s) (CHECI	K ONE)		
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appropriate the shareholders was/were sufficient for approximately the shareholders was/were sufficient for approximately the shareholders was/were adopted by the shareholders was/were sufficient for approximately the shareholders was approximately the shareholders was approximately the shareholders was a shareholder was approximately the shareholders was approximately the shareholders was approximately the shareholders was a shareholder was	cholders. The number of votes can	ast for the amendment(s)	
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting grou	reholders through voting groups. up entitled to vote separately on t	The following statement the amendment(s):	
"The number of votes cast for the amendme	ent(s) was/were sufficient for app	roval	
by(voting)	1-	37 	
(voting s	group)	TASS	<u> </u>
 □ The amendment(s) was/were adopted by the boar action was not required. □ The amendment(s) was/were adopted by the incompation was not required. 		HASS	FILED 13 JUL 26 AH IO: 59
action was not required. Dated7/25/13		. FLOR	F STA
Signature			
	or other officer – if directors or ator – if in the hands of a receive hat fiduciary)		
	Imer Mahme		_
	(Typed or printed name of pers	on signing)	
<u> </u>	resident.		_
	(Title of person signing	<u></u>	