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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: True Power Solutions of Tampa Bay Inc.					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Omer A. Mahmud					
Omer A. Mahmud Name of Contact Person The Power Solutions of Tampa Bay Inc. Firm/ Company 13215 N. Nebraska Ave, Suite C Address Tampa FL 33612 City/ State and Zip Code					
13215 N. Nebraska Ave, Suite C					
Tampa FL 33612 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: Omer Mahmud at (813) 802-8230 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 Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

Articles of Ame	endment			
Articles of Incorporation				
Articles of Incor	· : F = 13			
True Power Solutions of	Tampa Bay Inc	2		
(Name of Corporation as currently f	iled with the Florida Dept, of State)	呈		
P13000055498		ي س		
(Document Number of C	orporation (if known)	34 5 370 5		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatitis</i> Articles of Incorporation:	orida Profit Corporation adopts the foll	owing amendment(s) to		
A. If amending name, enter the new name of the corporation:				
		The new		
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	". A professional corporation name n			
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u>)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13215 N. Nebraska Suite C Tampa FL 336			
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the			
Name of New Registered Agent				
	oraska Ave, Ste. C	<u> </u>		
New Registered Office Address: Tampa (C)	, Florida	13612 (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with		ion.		
Signature of New Registered Agent, if changing				

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add		Omer A Mahmud	13215 N. Nebraska Av. Suite C Tampa FL 33612
Remove			Tampa FL 33612
2) Change			
Remove			
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change			
Add			
6) Change			
Add			
REHIGVE			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
s an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
14 ** , , , , , , , , , , , , , , , , , ,	

The date of each amendment(s) adoption:	, if other than the
date. this document was signed.	
Effective date if applicable:	
(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, this date we document's effective date on the Department of State's records.	vill 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 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"	
(voting group)	
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.	
Dated 7/24/2015	
Signature	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary) Omer A. Mahmud	
(Typed or printed name of person signing)	
President/Coo	
(Title of person signing)	