## P1300090741

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MAY 11 2018 T. LEMEUX N

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JG Electric Service	es Corp	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Elisa Gonzalez		
		Name of Contact Person	1
•		Firm/ Company	
	2167 Orinoco Dr., Suite 164		
•		Address	
	Orlando, Florida 32837		
		City/ State and Zip Cod	е
EGO	NZALEZ@JGECORP.COM		
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Elisa Gonzalez		at (	730-0347
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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	Address ment Section n of Corporations Building

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

		(A) 1 (A) (A) (B) (A) (B)	
Name P13000090741	of Corporation as currentl	y filed with the Florida De	No. 10. 10. 10. 10.
13000070741			SCARETARY OF STA
	(Document Number o	f Corporation (if known)	MCCAUMOSUR LEGI
ursuant to the provisions of section 607 s Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendmen
If amending name, enter the new n	ame of the corporation:		
GE Services Corp			The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpo	porated" or the abbreviation
Enter new principal office address,	if annlicable	N/A	
Principal office address MUST BE A S			
Enter new mailing address, if appl	icable:	<b>3</b> 174	
		N/A	
(Mailing address MAY BE A POST		N/A	
		N/A	
		N/A	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
(Mailing address MAY BE A POST  If amending the registered agent an	OFFICE BOX)  id/or registered office addi	ress in Florida, enter the na	ame of the
(Mailing address MAY BE A POST  If amending the registered agent an new registered agent and/or the new	OFFICE BOX)  id/or registered office addi	ress in Florida, enter the na	ame of the
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(Mailing address MAY BE A POST  If amending the registered agent an new registered agent and/or the new	od/or registered office address N/A N/A (Florida str.	ess in Florida, enter the na	me of the

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change		N/A	
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change	· <u></u>	N/A	
Add			
Remove			
3 ) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove	:-		<del></del>
6) Change	<u></u>	N/A	
Add			
Remove			

	icles, enter change(s) here: (Be specific)	
l/A		
· · · · · · · · · · · · · · · · · · ·	<u></u>	
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If an amendment provides for an evolu-	ange realessification or cancellation of issued shows	
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:	·
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N/A	10 1 1
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)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records.	ate 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 amendment(by the shareholders was/were sufficient for approval.	<u>s</u> )
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by N/A	
by N/A (voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
April 23.2018 Dated	
Signature	
(By a director, president deother officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	rt
Elisa Gonzalez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	