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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MDS,POWER PRO	ODUCTS INC	
DOCUMENT NUME	BER: p14000057334		
•	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Sebastian F Medina Dos San	tos	
		Name of Contact Person	
		Firm/ Company	
	12070 ne 16 ave		
		Address	
	miami fl 33161		
		City/ State and Zip Code	2
sebas	tianm2santos@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Sebastian F Medina D	Oos Santos	at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment 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)
Ami Div P.O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton . 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

MDS.POWER PRODUCTS INC

- MDS, TO WERT RODOCTS INC		·		
(<u>Name</u>	of Corporation as currently	filed with the Florida De	pt. of State)	
MDS,POWER PRODUCTS IN€	P1400005	7334		
		Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following	amendment(s)
A. If amending name, enter the new n	ime of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc," or "C	Co". A professional corpo		
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S	TREET ADDRESS)			œ.
•				
			·	
C. Enter new mailing address, if appl	icable:			生 宗
(Mailing address MAY BE A POST				<u> </u>
				4
		•		
D. If amending the registered agent ar	d/or registered office addr	ess in Florida, enter the na	ame of the	
new registered agent and/or the ne	v registered office address:			
Name of New Registered Agent	Sebastian F Medina Dos Sa	intos		
	· (Florida stre	ant addranal	•	
	12070 ne 16 ave miami	er auaressy	33161	
New Registered Office Address:		(0:.)	, Florida	
•	((City)	(Zip Co	de)
New Registered Agent's Signature, if c	hanging Registered Agent.			
I hereby accept the appointment as regist			ons of the position.	
	-		•	
		\supset		
	<i>A</i>		· · · · · · · · · · · · · · · · · · ·	
	Signature of New Re	egistered 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	<u>Addres</u> s
1) Change	PD	Sebastian F Medina Dos santos	12070 ne 16 ave
X Add			miami fl 33161
Remove			
2) Change	VP	Liz A Migneco chacin	12070 ne 16 ave
x Add			miami fl 33161
Remove			
3) Change			
Add		•	
Remove			
4) Change			
Add			
Remove			
5) Change		•	
Add .	•		
Remove			
0 0			
6) Change			
Add		·	
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
······································	
	<u>·</u>
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-	
	

The date of each amendment date this document was signed		, if other than the
	06/02/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	r
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	•
by	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
06012 Dated	2015	
Se	By a director, president or other officer – if directors or officers have not been elected by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary) Schastian F Medina Dos Santos (Typed or printed name of person signing) President	
	(Title of person signing)	
	(title of person arguing)	