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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corporations A1- Florida Electric Contractor Corp. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 1-Florida Electric Contractor
Firm/ Company For further information concerning this matter, please call: at (<u>786</u>) <u>518 - 21 70</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

ONVISION OF CORPORATION

1. 7/2 1/2 1/2	of	1 1 1 .		Sectional At Co	RPORATIO
M1- Florida Ele	aric	Contractor	COM	2016 SEP 22	PM-1:4(
	_	y filed with the Florida De	pt. of State)		
	-	79090			
(Documen	nt Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this	Florida Profit Corporation	adopts the fol	lowing amendmen	nt(s) to
A. If amending name, enter the new name of the corp	oration:			The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the above	"Inc," or "	Co". A professional corpo			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)		/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))		H		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of			ame of the		
Name of New Registered Agent		VIA			
	(Florida str	eevaddress)			
New Registered Office Address:	1/	Cini	, Florida		
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It	tered Agent am familiar v	i with and accept the obligati	ons of the posi	tion.	

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>	<u>Name</u>	<u>Addres</u> s
1) Change		Diosberto Hondares	2020 NW 105 St
Add Remove			Miami FL, 33147
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		•	
6) Change			
Add			
Remove			

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,	
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
rovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
Λ / Λ	
M/A	

The date of each amendment(s) adoption	w/A	if other than the
date this document was signed.	NIN	FALELV SOURCTARY OF STATE AVISION OF CORPORATION
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	2016 SEP 22 PM 1: 40
Note: If the date inserted in this block document's effective date on the Department	pes not meet the applicable statutory filing requirements, this dannt of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s for approval.	s)
	by the shareholders through voting groups. The following stateme oting group entitled to vote separately on the amendment(s):	ent
	amendment(s) was/were sufficient for approval	
by	(voting group)	
١.	y the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dated9	117/2014 Alam	
selected, by ar	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other courseiary by that fiduciary)	 t
	President Dios lay Hondone (Typed or printed name of person signing)	<u>s</u>
***************************************	(Title of person signing)	