P15000012113

. (Re	questor's Name)	
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STORETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Volthom Electric,	Inc.			
DOCUMENT NUMBER: P15000012113					
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this mat	tter to the following:			
S	Stefanie Muller				
_		Name of Contact Person	1		
•	olthom Electric, Inc.				
	Firm/ Company				
3	263 SW 51st TER				
_		Address			
(Ocala, FL 34474				
_		City/ State and Zip Code	e		
Info@v	volthomelectric.com				
		ed for future annual report	notification)		
	,	•	•		
For further information	concerning this matter, pleas	e call:			
Stefanie Muller		at (207-2404		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	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)		
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle ussee, FL 32301		

Articles of Amendment to Articles of Incorporation of

Volthom Electric, Inc.				
(<u>Name</u>	of Corporation as curres	ntly filed with the Flor	ida Dept. of State)	
P15000012113				
	(Document Number	of Corporation (if know	vn)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is <i>Florida Profit Corpo</i>	ration adopts the fol	lowing amendment(s)
A. If amending name, enter the new n	ame of the corporation:			
NA				The new
name must be distinguishable and cor "Corp.," "Inc" or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professionai	"incorporated" or i l corporation name	the abbreviation
B. Enter new principal office address,	if applicable:	NA		, (e. 5a
(Principal office address MUST BE A S				(6)
		<u> </u>		- 2 0
				(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
C. Enter new mailing address, if appl	icable:			
(Mailing address MAY BE A POST		NA		<u> </u>
				55.
				20
D. If amending the registered agent an			the name of the	
new registered agent and/or the ne	w registered office addre	ess:		
Name of New Registered Agent	NA			
	NA			
	(Florida .	street address)		
New Registered Office Address:	NA		. Florida	
		(City)	, Fiorida	(Zip Code)
New Registered Agent's Signature, if o				_
I hereby accept the appointment as regis	tered agent. I am familia	r with and accept the ol	bligations of the posi	tion.
	Signature of New	Registered Agent, if ch	anoino	

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	CEO	Stefanie Muller	3263 SW 51st TER
x Add			Ocala, FL 34474
Remove			
2) Change	<u>s</u>	Stefanie Muller	3263 SW 51st TER
X Add			Ocala, FL 34474
Remove			
3) Change			
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
NA	(De specific)

- · · · · · · · · · · · · · · · · · · ·	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NA	

May	y 30, 2015	
The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this block does not document's effective date on the Department of St	t meet the applicable statutory filing requirements, this date will tate's records.	not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
■ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	nareholders. The number of votes cast for the amendment(s) proval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amend	ment(s) was/were sufficient for approval	
by(votin	.,	
(votin	ng group)	
☐ The amendment(s) was/were adopted by the boaction was not required.	oard of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder action and shareholder	
October 8, 2015		
Dated		
Signature Mun	// //////	
(Py a director, president	ent or other officer - if directors or officers have not been	_
selected, by an incorp	porator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary	that fiduciary)	
Thomas Mull	ler	
	yped or printed name of person signing)	
President		
	(Title of person signing)	