P15000035857

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· (C	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
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(C	Document Number)
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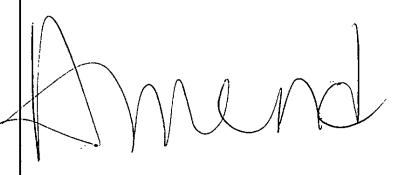
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COVER LETTER

Division of Corporations NAME OF CORPORATION: Elektro Kumbia / NC

DOCUMENT NUMBER: P-150000 35857 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 17835 NW 63 Ct

Address

Hialeah FC 33015

City/ State and Zip Code Luis; @ ale 14120 Kumbia _ com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Luigi Giraldo at 305 7989410

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

Street Address

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation of

ELEKTRO	KUMBIA	INC	
(Name of Corporation	n as currently filed with	n the Florida Dept. of State)
PISC	000035857		
	ent Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the f	collowing amendment(s) to
A. If amending name, enter the new name of the cor	poration:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp,' word "chartered," "professional association," or the a	" "Inc," or "Co". A pr abbreviation "P.A."	any," or "incorporated" o rofessional corporation nam	r the abbreviation re must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	ש		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		rida, enter the name of the	3 PH 2:
Name of New Registered Agent			
	(Florida street address))	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.	stered Agent; I am familiar with and ac	ecept the obligations of the p	osition.
Signa	iture of New Registered A	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 John D</u>	<u>)0e</u>	
X Remove	<u>V</u> <u>Mike</u> J	lones	
_X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	P.D	Abraham Duntanilla	17935 NW 63d
Add			Hialeah FL 33015
Remove			
2) K Change	<u>P.D</u>	Luis Corraldo	17835 NW 63ct
Add			Hialeah FL 33015
Remove	TSOD	Luis Cainaldo	17835 NW 63ct
3)Change	1300	Luis Calmaluo	Hialeah FL 33015
Add			Hialeak FL 33015
_X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6)Change			
Add			
Remove			

	s, if necessary). ((Be specific)			
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	ides for an excha	nge, reclassification,	or cancellation	on of issued shares	<u> </u>
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The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: Aug - 15t - 2015 (no more than 90 days after amendment file date)
(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 will not be listed as the document's effective date on the Department of State's records.
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 $\frac{\left u\right /290/2015}{3}$
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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President - Director.
(Title of person signing)