P15000054187

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AU3 2 / 2215 C. CARRUMERS



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MUCHO POWER	INC	
DOCUMENT NUMB			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
I	HECTOR SANTIAGO IRIZ	ARRY	
_		Name of Contact Person	1
N	MUCHO POWER INC		
		Firm/ Company	
2	110 S. ORANGE BLOSSO	M TRAIL	
_		Address	
(ORLANDO, FL 32805		
_	·	City/ State and Zip Cod	e
DJLAU	JTO293@GMAIL.COM		
	•	sed for future annual report	notification)
	E man address, (10 00 at		,
For further information	concerning this matter, pleas	se call:	
ADA CARMONA		at (<u>407</u>	425-1860
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	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)
Amer Divis P.O. I	ng Address Idment Section Idmon of Corporations Box 6327 Inassee, FL 32314	Amend 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



2015 AUG 25 AM 11: 45

MUCHO POWER INC	SECRETARY DE STATE
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P15000054107	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute ts Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporat	ion:
	The new
	poration," "company," or "incorporated" or the abbreviation ;" or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>))
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2110 S. ORANGE BLOSSOM TRAIL
	ORLANDO, FLORIDA 32805
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fan	
nereby accept the appointment as registered agent. 1 am Jan	nitiar with and accept the ootigations of the position.

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 <math>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)	Title	<u>Name</u>		Address
I) X Change	P	MISPELLED NA	ME SEE ATTCH	
Add				
Remove				
2) Change	VP	DOMINGO PENA	1	9925 7TH AVE
X Add				ORLANDO, FL 32824
Remove				
3) Change				
Add				
Remove				
4)Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				-
Add				
receille to the				

f amending or adding additional Arattach additional sheets, if necessary).	(Be specific)				
					•
		 			
					
					×======
				•	
				 	
				·	
-					
					

ATTACHMENT:

- 1. Federal ld# 47-4324423
- 2. THE NAME OF HECTOR IRIZARRY IS SUPPOSED TO BE HECTOR SANTIAGO IRIZARRY
- 3. SHARES ARE TO BE 50/50 FOR BOTH CORPORATE OFFICERS

E. If amending or adding additional Articles, en (Attach additional sheets, if necessary). (Be s	<u>nici Unange(S) nere.</u> Specific)	
EVENT COORDINATING		
PRODUCTION	· · · · · · · · · · · · · · · · · · ·	
PROMOTIONS		
MARKETING		
SOCIAL MEDIA		
NETWORKING		
·		
provisions for implementing the amendment	reclassification, or cancellation of issued shares, t if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
and a second of		,

t.	AUGUST 7, 2015	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
AU	GUST 7, 2015	
Effective date if applicable:	(no more than 90 days afte	er amendment file date)
Note: If the date inserted in this document's effective date on the D		atory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of officient for approval.	of votes cast for the amendment(s)
	proved by the shareholders through voting each voting group entitled to vote separate	
"The number of votes cast	for the amendment(s) was/were sufficien	nt for approval
by	(voting group)	"
	(voting group)	
	opted by the board of directors without sh	
The amendment(s) was/were addaction was not required.	opted by the incorporators without shareh	nolder action and shareholder
AUGUST	10, 2015	
Dated		
Signatura	lety-Duryo	
(By a d	irector, president or other officer – if dired, by an incorporator – if in the hands of ted fiduciary by that fiduciary)	
	HECTOR SANTIAGO IRIZARRY	
	(Typed or printed name of pe	erson signing)
	PRESIDENT	
	(Title of person s	signing)