

P16000046331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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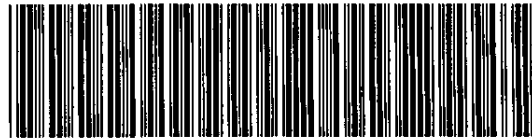
(Business Entity Name)

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4/20/17

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: T&D LINE & SUBSTATION DESIGN CORP

DOCUMENT NUMBER: P16000046331

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZULMA RIVEROS

Name of Contact Person

RIVEROS CORP

Firm/ Company

1820 N CORPORATE LAKES BLVD, SUITE 202

Address

WESTON, FL 33326

City/ State and Zip Code

CEO@ROMEROVIEDO.CO

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZULMA RIVEROS

Name of Contact Person

at ( 786 ) 4395138

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address**

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

**T&D LINE & SUBSTATION DESIGN CORP**

P16000046331

Page 1 of 4

**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:**

☒ Change                      PT        John Doe

☒ Remove                      V        Mike Jones

☒ Add                              SV        Sally Smith

| Type of Action<br>(Check One)              | Title    | Name                  | Address                       |
|--------------------------------------------|----------|-----------------------|-------------------------------|
| 1) <input type="checkbox"/> Change         | <u>P</u> | <u>RIVEROS, ZULMA</u> | <u>1555 BONAVENTURE BLVD</u>  |
| <input type="checkbox"/> Add               |          |                       | <u>SUITE 1003</u>             |
| <input checked="" type="checkbox"/> Remove |          |                       | <u>WESTON FL 33326</u>        |
| 2) <input type="checkbox"/> Change         | <u>P</u> | <u>ARTEAGA, ALWIN</u> | <u>1820 N CORPORATE LAKES</u> |
| <input checked="" type="checkbox"/> Add    |          |                       | <u>BLVD, SUITE 202</u>        |
| <input type="checkbox"/> Remove            |          |                       | <u>WESTON FL 33326</u>        |
| 3) <input type="checkbox"/> Change         |          |                       |                               |
| <input type="checkbox"/> Add               |          |                       |                               |
| <input type="checkbox"/> Remove            |          |                       |                               |
| 4) <input type="checkbox"/> Change         |          |                       |                               |
| <input type="checkbox"/> Add               |          |                       |                               |
| <input type="checkbox"/> Remove            |          |                       |                               |
| 5) <input type="checkbox"/> Change         |          |                       |                               |
| <input type="checkbox"/> Add               |          |                       |                               |
| <input type="checkbox"/> Remove            |          |                       |                               |
| 6) <input type="checkbox"/> Change         |          |                       |                               |
| <input type="checkbox"/> Add               |          |                       |                               |
| <input type="checkbox"/> Remove            |          |                       |                               |

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10/26/2016

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 10/26/16

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)

ARTEAGA, ALWIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)