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SEP 1 3 2017 S. YOUNG 17 SEP -5 PH 4: 07 SECRETARY OF STATE ALLAHASSEE; FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Power Evolution.	Inc.
DOCUMENT NUMBER: P16000051375	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Omar Masri	
Power Evolution, Inc	Name of Contact Person
1019 Chatham Break Street	Firm/ Company
Orlando, FL 32828	Address
	City/ State and Zip Code
powerevolutioninc@gmail.com	
E-mail address: (to be u	ised for future annual report notification)
 For further information concerning this matter, plea 	ase call:
Omar Masri	at (862) 703-1689
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:
\$35 Filing Fee \$\times Status\$ \$43.75 Filing Fee \$\times Certificate of Status\$	□\$43.75 Filing Fee & □\$52.50 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

Articles of Amendment to Articles of Incorporation of

Power Evolution, Inc.			
(Name	of Corporation as cu	rrently filed with the Florida Dept. of State)	
P16000051375			
	(Document Nun	nber of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes	s, this Florida Profit Corporation adopts the following amendment(s	s) to
A. If amending name, enter the new na	ame of the corporation	on:	
	ĺ	***	
	ation "Corp," "Inc,"	The new poration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the action "P.A."	
B. Enter new principal office address,	if annlicable:	1001 N. Federal Hwy.	
(Principal office address MUST BE A S		Suite# 344	
		Hallandale, FL 33009	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		1019 Chatham Break Street	
		Orlando, FL 32828	
		122 12 12 12 12 12 12 12 12 12 12 12 12	
D. If amending the registered agent ar new registered agent and/or the new		e address in Florida, enter the name of the	η =
Name of New Registered Agent	Omar Masri	ddress: SSA - F	η
	1001 N Federal Hw	vy. Suitc# 344)
	(Flor	rida street address)	
New Registered Office Address:	Hallandale	Florida 33009	
		(City) (Zip Code)	
New Registered Agent's Signature, if c	hanging Registered	Agent:	
I hereby accept the appointment as regist	ered agent! I am fam	niliar with and accept the obligations of the position.	
	Marcy 1	Mari	
	Signature of i	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 <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: XChange	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Nar	 <u>ne</u> 	<u>Addres</u> s	
1) Change	P	Kat	II therine A. Vega	5037 Cumberland Lane	
Add				Spring Hill, FL 34607	
X Remove					
2) Change	P	On:	nar Masri	1001 N. Federal Hwy.	
X Add				Suite# 344	
Remove				Hallandale, Fl. 33009	
3) Change			1		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, (Attach additional sheets, if necessary). (Be	enter change(s) here: specific)
(Allacii dddilional sheets, ij hecessary).	specificy
F. If an amendment provides for an exchange,	reclassification, or cancellation of issued shares,
provisions for implementing the amendme (if not applicable, indicate N/A)	ot if not contained in the amendment itself:
	ji

•	
The date of each amendment(s) adoption:	August 31, 2017, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s) (C	CHECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment(s) r approval.
	the shareholders through voting groups. The following statement and group entitled to vote separately on the amendment(s):
"The number of votes cast for the am	endment(s) was/were sufficient for approval
by	oting group)
action was not required.	e board of directors without shareholder action and shareholder e incorporators without shareholder action and shareholder
Dated Aug. 30, 29	17/ / / / / / / / / / / / / / / / / / /
selected, by an inc	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
-	(I) MAL V (ASC) (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)