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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	LC POWER IN	C		
DOCUMENT NUMB	P17000012844			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	GLORIA C. TRIANA			
•		Name of Contact Perso	on .	
	LC POWER INC			
		Firm/ Company		
	5504 SW 131 CT			
•		Address		
	MIAMI FL 33175			
•		City/ State and Zip Coo	de	
ctriana	.1970@gmail.com			
	E-mail address; (to be us	sed for future annual repor	t notification)	
		·		
For further information	concerning this matter, pleas	se call:		
GLORIA C TRIANA		786 at (236 4826	
Name o	f Contact Person		ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment 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)	
	ling Address ndment Section		Address	
	nument Section sion of Corporations	Amendment Section Division of Corporations		
	Box 6327	Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LCPOWERING				
•	as currently filed with the Florida Dept. of State)			
P170000128-44				
(Document	1 Number of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Strits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the follo	wing amer	ndment	(s) t
A. If amending name, enter the new name of the corpo	oration:			
		The	пеж	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"Inc," or "Co". A professional corporation name mu	e abbrevio ust contain	ation n the	
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>			
			_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
		2		
			_`	
				
D. If amending the registered agent and/or registered		ř.	īsā.	. –
new registered agent and/or the new registered offi	ice address:	:: :::		
Name of New Registered Agent		; :,,	.; <u>.</u>	
			;;- (7)	
	(Florida street address)		ζ, .	
New Registered Office Address:	, Florida			
	(City)	Zip Code)		
New Registered Agent's Signature, if changing Registe				
Thereby accept the appointment as registered agent. I at	m familiar with and accept the obligations of the position	n.		
	4			
Signatu	re of 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 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: <u>X</u> Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S		MIGUELTOSAR	8370 SW 91 TRR
X Add				MIAMI FL 33175
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				<u> </u>
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	ing additional Art eets, if necessary).	(Be specific)	-		
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		<u>.</u>		<u></u>	
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		T			
		nange, reciassino	ation, or cancella	<u>(100-01-18886G-80AF)</u> endment itself:	<u>:S.</u>
an amendment pr	rovides for an exc.	endment if not co			
provisions for imp	lementing the ame	<u>endment if not co</u>	mtained in the am		
provisions for imp	rovides for an exc lementing the amo ple, indicate N/A)	<u>endment if not co</u>	mtained in the am		
provisions for imp	lementing the ame	endment if not co	mtained in the am		
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f an amendment pi provisions for imp (if not applicab	lementing the ame	endment if not co	mtained in the am		

JULY 7, 2017
The date of each amendment(s) adoption:
JULY 7, 2017
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.
JULY 7, 2017
Dated
SignatureG'Aziona
(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)
GLORIA C TRIANA
(Typed or printed name of person signing)
V
(Title of person signing)