P170000 12844

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	LC POWER INC		
DOCUMENT NUM	P17000012844 IBER:		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	GLORIA C TRIANA		
	Name of Contact Person LC POWER INC		
	Firm/ Company 5504 SW 131 CT		
	Address MIAMI FL 33175		
		City/ State and Zip Cod	e
	Icpowerinc@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
GLORIA C TRIANA Name of Contact Person		786 at (236 4826
			de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LC POWER INC			
(Name of Corporation as currently P17000012844	filed with the Florida Dept. of State)		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the follo	wing ame	ndment
A. If amending name, enter the new name of the corporation: LC POWER INC		Tho	new
name must be distinguishable and contain the word "corporation." "co". "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbrev professional corporation name must co.	iation "Ce	orp., "
, •	5504 SW 131 CT		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33175		
		282	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	8 (E) 28	
(Matting address MAT BE A TOST OFFICE DOA)		<u>.</u> ~	, , ,
		32	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	: 12	
Name of New Registered Agent			
(Florida stree	et address)		
New Registered Office Address:	, Florida	Zip Code)	
<i>/(</i>	zity) (a	cip (, oae)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position	9 n .	
Signature of New Reg	zistered Agent, if changing		
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chairman or Cler$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. The 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 Child 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) 1) Change	<u>Title</u> V	Name RAYDEL TRIANA	Address 6840 NE 179 ST. HIALEAH FL 33015
Add Remove 2) Change			
Add Remove 3) Change Add			
Remove 4) Change Add		<u>.</u>	
Remove 5) Change Add			
Remove 6) Change Add Remove			

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		n exchange, recla	ssification, or canc	ellation of issued	1 shares,	
provisions for i	nt provides for a mplementing the icable, indicate N	e amendment if n	or contained in the	e amendment its	<u>:::::</u>	
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The date of each amendment(s) ac	loption:	, if other tha
date this document was signed. JUI	NE 1, 2020	
Effective date if applicable:		
	(no more than 90 days after o	imendment file date)
Note: If the date inserted in this b document's effective date on the Do		y filing requirements, this date will not be listed a
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of direc	ctors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of verticient for approval.	votes cast for the amendment(s)
	roved by the shareholders through voting geach voting group entitled to vote separate	
"The number of votes cast	for the amendment(s) was/were sufficient (for approval
by	(voting group)	'''
	(voting group)	
6/1/20		
Dated		
	all.	
	I Julona	
	rector, president or other officer - if direct	
	I, by an incorporator – if in the hands of a r	receiver, trustee, or other court
арроін	ed fiduciary by that fiduciary) GLORIA C TRIANA	
	OLORIA C TRIANA	
	(Typed or printed name of person	on signing)
	PRESIDENT	
	(Title of person signing)	···