P17000036951

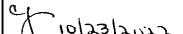
(Red	questor's Name)	
(Add	fress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Dox	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Power & Light Ele	ctrical Incorported		
DOCUMENT NUM	P17000036051			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Giulia Hill			
	-	Name of Contact Person	l	
	Power & Light Electrical Incorported			
		Firm/ Company		
	3895 Overlake Drive			
		Address		
	Cumming GA 30041			
		City/ State and Zip Code		
	ghill@powerlightelectrical.co	om		
	• • •	sed for future annual report	notification)	
	on concerning this matter, pleas		2/5 2257	
Giulia Hill		at () 265-3357 de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or 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)	S52.50 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

Power & Light Electrical Incorported

2022 COL 25 77:59

(Name of Corporation as currently	filed with the Florida Dept. of State)
P17000036951	:
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Power & Light Electrical Incorporated	The 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 abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida City) (Zip Code)
· ·	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	

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, it necessary)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add		,′	
Remove		/	
2) Change			
Add			
Remove Change			
Add		/	
Remove			
4) Change			
Add		•	
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

s in the second of the second

The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing require Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, of board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The fol- for each voting group entitled to vote separately on the amen	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
/	(voting group)	
7/20/202	22	
Dated		
Signature 👤	Lucia Hel	
(By sele	a director, president or other officer – if directors or officers leted, by an incorporator – if in the hands of a receiver, trusted binted fiduciary by that fiduciary)	
	Giulia Hill	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	