

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600301336196

07/17/17--01005--012 **35.00

17 (8" 13" 2" 5" 5" 15"

Mr. 18 5M

COVER LETTER

TO: Amendment Section Division of Corporations

1

Tallahassee, FL 32314

8

NAME OF CORPOR	ATION: GO ELECTRICAL	CONTRACTOR CORP		
DOCUMENT NUMB	ER: P17000050373			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	LEOCADIO ROBERTO GA	RRIDO		
-		Name of Contact Persor	1	
	GO ELECTRICAL CONTRA	ACTOR CORP		
•		Firm/ Company		
	14651 SW 114 TERR			
-	Address			
	MIAMI, FL 33186			
•		City/ State and Zip Code		
GOEI	LECTRICAL@HOTMAIL.C	OM		
	•	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
LEOCADIO ROBER	TO GARRIDO	at (609-1499	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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		Amend Divisio	Address unent Section of Corporations Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

17 Jan 17 Jan 6-25

GO EL	.ECTRI	CALC	ONTRA	CTOR	CORP
-------	--------	------	-------	------	------

(Name of Corporation as o	currently filed with the Florida Dept. of State)
P17000050373	
(Document No	fumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation;
	The new orporation," "company," or "incorporated" or the abbreviation ac," or "Co". A professional corporation name must contain the wiation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u>(2</u>
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
Name of New Negisierea Agem	
	Florida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fo	lamiliar with and accept the obligations of the position.
Signature c	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: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change	<u>v</u>	GERARDO ORTEGA	14651 SW 114 TERR, MIAMI FL
X Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	· <u></u>
·	
-	
······································	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	

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 dedocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
JULY 12, 2017	
Signature (By a director, president of other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	rt
LEOCADIO ROBERTO GARRIDO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	·· <u> </u>