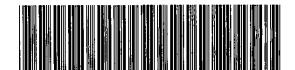
P1700059632

(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:	
]





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AUG 1 5 2017 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corpor			
Division of Corpor	M 11	T/1 1	111
NAME OF CORPORA	ATION: ///i//0	Electrical	Contractors Inc
DOCUMENT NUMBE	er: <u>P170000</u>	59632.	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Markon	Thaureaux	
	Millo Electo	Name of Contact Person	<i>t</i>
_		Firm/ Company	
_	5981 SW	149th CT Address	
	Mian:	EL 33/93.	
-	ן יוונטייין	City/ State and Zip Cod	e ,
	11. 10.		
	E-mail Address: (to be up	G Mail _ Com	notification)
	,,		
For further information	concerning this matter, pleas	se call:	
Modon The	au <i>r</i> aux	at (305	753-1061 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street	Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of	Incorpo	ration
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Millo Electrical Conto	actor Inc.
(Name of Corporation as currently f	
Y17000059632	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
•	J/A The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5961 SW 149th CT Miami FL 33193
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	هير الحد
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(Ci	ty) (Zip Code):?
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
	istered Agent, if changing
Signature of New Regi	istered 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	<u>ΡΥ</u>	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>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change		_	A//f
Add			/ / / /
Remove			_/
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheet	additional Articles, if necessary).	(Be specific)			
		 			
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			/X / // / /		
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			4.1		
		<u> </u>			
an amendment prov	ides for an excha	nge, reclassifica	tion, or cancellation	of issued shares,	
orovisions for implen (if not applicable,	ienting the ameni indicate N/A)	ament it not con	tained in the amend	ment usen:	
			11/1		,
			- /// ///	•	<u> </u>
,					
					

The date of each amendment(s) adop	tion:		, if other than the
date this document was signed.		NA.	
Effective date <u>if applicable</u> :		10/11	
	(no more than 90 day	s after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depart		statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were adopte by the shareholders was/were suffice		ber of votes east for the amendmen	nt(s)
☐ The amendment(s) was/were approve must be separately provided for each			ement
"The number of votes cast for	the amendment(s) was/were suf	ficient for approval	
by			
	(voting group)		
☐ The amendment(s) was/were adopted action was not required. The amendment(s) was/were adopted action was not required.			
Daled	25/2017		
(By a directed, by a directed by a direc		if directors or officers have not be ds of a receiver, trustee, or other c	
	(Typed or printed name	of person signing)	
	(Title of pe	rson signing)	