P14000040306

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TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: K3 ELECTRICAL	TECHNOLOGIES INC.		
	1BER: P18000040306		<u>.</u> ,	
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	LISA BURINSKAS			
		Name of Contact Person	1	
	K3 ELECTRICAL TECHNOLOGIES INC DBA KENNEDY ELECTRIC			
		Firm/ Company		
	1160 PONCE DE LEON BL	VD		
		Address		
	BROOKSVILLE FL 34601			
	City/ State and Zip Code			
	LISA@KENNEDYELECTR	ICFL.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		. "
LISA BURINSKAS		at (³⁵²	592-9866	, ,
Namo	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Dep.	artment of State:	
\$35 Filing Fee	S43.75 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)	1.12:11
	ailing Address	· · · · · · · · · · · · · · · · · · ·	Address Iment Section	

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

to

K3 FLECTRICAL TECHNOLOGIES INC.

(Name	of Corporation as current	ly filed with the Florida Dept. of	State)
P18000040306			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopt	s the following amendment(s
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp," "Inc," or "Co"	A professional corporation name	
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl	<u>licable:</u>	N/A	
(Mailing address <u>MAY BE A POST</u>		N/A	
TO THE ATT OF THE ATT OF		- 121 - 1 1	Eab.
D. If amending the registered agent at new registered agent and/or the ne			<u>a tne</u>
Name of New Registered Agent	LISA BURINSKAS		ٽٽ -
Nume of New Neglinerea Agent	1160 PONCE DE LEON I	BLVD	
	(Florida sti	reet address)	
V . B. January 1 (1995 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BROOKSVILLE		orida 34601 = 5
New Registered Office Address:		(City)	(Zîp Code)
			1
New Registered Agent's Signature, if a I hereby accept the appointment as regis			the position.
	Ç, ,	, ,	•
	J. 000 0	. 01/0.0	
		Inductional forms if the accions	
	signature oj ivew k	egisierea Ageni, ij changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	V	MICHAEL PHILLIPS	1160 PONCE DE LEON BLVD
Add			BROOKSVILLE FL 34601
X Remove 2) Change	V	LISA BURINSKAS	1160 PONCE DE LEON BLVD
X Add			BROOKSVILLE FL 34601
Remove 3) Change	Т	KEVIN MOON	
XAdd			1160 PONCE DE LEON BLVD
Remove			BROOKSVILLE FL 34601.
4) Change	_ ·		
Add			
Remove			
5) Change			<u></u>
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
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	,	
		<u> </u>
f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
•		• • •
<u> </u>		
		•

	AUGUST 1, 2023	
The date of each ame date this document was	ndment(s) adoption:s signed.	, if other than the
Effective date if appli	cable:	
	(no more than 90 days after amendment file date)	
	rted in this block does not meet the applicable statutory filing requirements, late on the Department of State's records.	this date will not be listed as the
Adoption of Amendm	nent(s) (<u>CHECK ONE</u>)	
The amendment(s) action was not requ	was/were adopted by the incorporators, or board of directors without shareholdired.	der action and shareholder
	was/were adopted by the shareholders. The number of votes cast for the amer s was/were sufficient for approval.	ndment(s)
	was/were approved by the shareholders through voting groups. The following provided for each voting group entitled to vote separately on the amendment(
"The number	of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-	(voting group)	
Date	SEPTEMBER 29, 2023	
	ature pul ara with	
J.g.	(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
	PAUL F MAROTTE	
	(Typed or printed name of person signing)	`-
	PRESIDENT	
	(Title of person signing)	<u>=</u>