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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: AMPERAGE ELE	CTRICAL ENTERPRISE	, INC.
DOCUMENT NUMBER: P18000098551		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
CESAR VALDIVIESO TRU	JILLO	
	Name of Contact Perso	
AMPERAGE ELECTRICAL	ENTERPRISE INC.	
	Firm/ Company	
2670 NW 84TH AVE. APT.	• •	
	Address	
MIAMI, FL 33122		
	City/ State and Zip Cod	e
AMPERAGEELECTRICALENT@	GMAIL.COM	
	ed for future annual report	notification)
For further information concerning this matter, please CESAR VALDIVIESO TRUJILLO		274.5402
	at (	
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	artment of State:
S35 Filing Fee S43.75 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 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section in of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

AMPERAGE ELECTRICAL ENTERPRISE, INC.	selesing to DM 1-33
	2019 1177 18 PM 1: 33
218000098551	tently med with the Florida Dept. of State)
· · · · · · · · · · · · · · · · · · ·	
(Document Num	ber of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes s Articles of Incorporation:	t, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporatio	vn:
/A	_
ame must be distinguishable and contain the word "corpo Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbrevia	The new pration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
, ,	N/A
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	
(method office address Most De A STREET ADDRESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flori	ida street 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 with and accept the obligations of the position.

Signature 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Officer	Carlos Enrique Valdivieso Medina	2670 NW 84th Ave
X Add			
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

	ch additional sheets, if necessary). (Be specific)
/A	
•	
II ar	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:
pro	(if not applicable, indicate N/A)
A	

NOVEMBER 8, 2019	
The date of each amendment(s) adoption:, if other t	han the
date this document was signed.	
NOVEMBER 8, 2019	
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 date will not be listed document's effective date on the Department of State's records.	l 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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by"  (voting group)	
<ul> <li>□ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>□ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder</li> </ul>	
action was not required.	
NOVEMBER 8, 2019 Dated	
Signature	
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CESAR VALDIVIESO TRUJILLO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	