## P19000003108

(Reques	stor's Name)	
(Addres	s)	
(Addres	s)	_
(City/Sta	ate/Zip/Phone #)	
PICK-UP	WAIT MAI	L.
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filin	g Officer:	





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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: COMPASS POWE	R INC	
DOCUMENT NUMB	D10/00/00/00 100		
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this mat	tter to the following:	
1	Manuel J Perez		
-		Name of Contact Person	1
	COMPASS POWER INC.		
-		Firm/ Company	
	551 E 34 ST		
-		Address	
:	Hialeah, FL 33013		
-		City/ State and Zip Code	
ilinega	arcia@yahoo.es		
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Jacqueline Garcia		at ( 305	562-1110
Name o	f 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)
Ame Divi P.O.	ling Address Indirect Section Indirect S	Ameno Divisio Clifton	Address Iment Section on of Corporations I Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

COMPASS POWER INC.	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P19000003108	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	<u>n:</u>
n/a	The new
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia.	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	. 23
(Mailing address MAY BE A POST OFFICE BOX)	n/a
	<del>ω</del> -:
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the Rollings:
new registered agent and/or the new registered office ad	dress:
Name of New Registered Agent	
(Flor	idu street address)
	, Florida
New Registered Office Address:	(City) (Zip Code)
	·
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fam	viliar 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Marien Castellanos	11331 SW 238 ST
XAdd			Homestead, FL 33032
Remove			A
2) Change			
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change .			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
1101111/16			

a	ial sheets, if nece	ssary). (be spe	ecific)				
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If an amandm	ont provider for	an exchange, re	eclassification	or cancellatio	n of issued shar	res.	
provisions for	r implementing	the amendment	if not contain	ed in the amen	dment itself:	<u> </u>	
(if not app	plicable, indicate	? N/A)					
'a							
				·			
						· · · · · · · · · · · · · · · · · · ·	

04/02/2019	
The date of each amendment(s) adoption:, if other	than the
ate this document was signed.	
.ffective date if applicable:	
(no more than 90 days after amendment file date)	
fote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ocument's effective date on the Department of State's records.	ed as the
doption 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
04/02/2019 Dated	
Signature 45	
(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)	
Manuel J Perez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	