## P19 0000 290811

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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<u> १४, ५४,७३५ २०,००७ ५,००० - ४४४०, १८</u>

2023 JUL 28 PM 4: 43 SECRETARY OF STATI

MM

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SCS ELECTRIC IN	√C	<del></del>
	BER: P19000029084		
	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Pavel Alliman		
		Name of Contact Persor	<u> </u>
	SCS ELECTRIC INC		
		Firm/ Company	
	6574 N STATE RD 7 #197		
		Address	
	COCONUT CREEK FL 3307	73	
	-	City/ State and Zip Code	2
	PAUL@SCSFL.BIZ		
	E-mail address: (to be us	ed for future annual report	notification)
For further information Andreana Douglas-A	on concerning this matter, pleas	e call: at (_954-681811	3,
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depo	artment of State;
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisie The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SCS	EL.	.EC'I	ľRI	<u>(</u>	INC

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
PF900029084	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A protessional comparation name and the state of the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS )	601 N FEDERAL HWY, APT 620
	POMPANO BEACH FL 33062
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	6574 N STATE RD 7, #197
	COCONUT CREEK FL 33073
). If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	
	rreet address)
New Registered Office Address:	·
	(City) , Florida (Zip Code)
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the Fosition 28
Signature of New I	Registered Agent, if changing

Check if applicable

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

The date of each amendment(s) ad-	option: 3/14/2023	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted action was not required.	pted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amenda flicient for approval.	nent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast t	for the amendment(s) was/were sufficient for approval	
by Pavel Al	liman	
	(voting group)	
Dated3	14/2023	
Signature	Alli	
selected	rector, president or other officer – if directors or officers have not b l, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	Pavel Alliman (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	<del>-</del> -
	President	
	(Title of person signing)	

	, ,		
President, Trease Changes should a change, Mike of Mike Jones, Vas Example:  X Change	the Officers and ch Officer and onal sheets, if no officer/directo V= Vice Presider; CFO = Chickney, Diversity of the Officer, Diversity of the Officer, Diversity of the Officers of the Offi	of Financial Officer transfer	and name of each officer/director being removed and title, in the side title;  TY: D= Director; TR= Trustee; C = Chairman or Clerk; CEO in the first letter of each off the point Doe is listed as the PST and Mike Jones is listed as the V. and S. These should be noted as John Doe, PT as a Common title of the PST and Doe, PT as a Common title of the V.
$\Delta X$ Add		EFIKE Jones	
<u>Type of Action</u> (Check One)	<u>SV</u> <u>Title</u>	Sally Smith  Name	
Fi.		<u> crante</u>	
1) Change Add	VP	Paul Alliman	$\underline{Addres}_{S}$
Remove			601 N FEDERAL HWY APT 620
2) Change			POMPANO BEACH FL 33062
Add			
3) Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		-	
Remove			
Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
	,
<u> </u>	
	·
F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and number of the amendment itself:
I PAVEL ALLIMAN, THE PRESIDENT C	OF SCS ELECTRIC INC. WOULD LIKE TO TURN OVER 20% OWNERSHIP
Paul Alliman	
Pavel Alliman 55% OWNERSHIP	·
Andreana Douglas-Alliman 25% OWNERS	SHIP