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C. BRUMBLEY DEC - 8 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	POWE	ER-V CORP		
DOCUMENT NUMBER:	P190	00063435		
The enclosed Articles of Amendm	. ent and fee are su	bmitted for filir	ığ.	
Please return all correspondence of	oncerning this ma	itter to the follo	wing:	
	D	DIANA M VER	OES DE LIE	MA . 2
		Name of Co	nyac Percol	VW
	,	Firm C 7414 KW	onipany 107TH CT	
		Add	ress	
			l, FL 33178	
		City/ State a	nd Zip Code	
		esmichelle@gn		
E-mail	address: (to be us	sed for future ar	inual report	notification)
For further information concerning	this matter, pleas	se call:		
DIANA M VEROES	DE LIMA	at t	305	713-3523
Name of Contact P	erson			de & Daytime Telephone Number
Enclosed is a check for the following	ng amount made	payable to the I	Florida Depa	artment of State:
	75 Filing Fee & ficate of Status	S43.75 Fil Certified C (Additional enclosed)	ору	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment Articles of Incorporation of

POWER-V CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000063435

(Document Number of Corporation (if known)

ame must be distinguishable and comain the word "corporation." "company." or "incorporated" or the abbreviation "Enc." or "Co." or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the chartered." "professional association." or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Doral F1 33178 Doral F1 33178 Doral F1 33178 If amending address MAYBE A POST OFFICE BOX; Doral F1 33178 If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Office Address: (Cay) (Cay) (Zip Code)	If amending name, enter the new name of the corporation:		SEGA TEL
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Doral Fl 33178 Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX) Doral Fl 33178 If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Cay) Florida (Zip Code)	ne.," or Co.," or the designation "Corp," "Inc," or "Co",	A professional corporation name m	uhbreviation E ust contain the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Doral F1 33178 If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Cay) (Zip Code)	Enter new principal office address, if applicable:	8450 NW 102nd AVE Apt 150	
Mailing address MAY BE A POST OFFICE BOX Doral Fl 33178		Doral Fl 33178	
(Mailing address MAY BE A POST OFFICE BOX) Doral Fl 33178 If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Cay) (Cay) (Zip Code)			7
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New Registered Office Address:, Florida			<u>ıe</u>
(Cuy) (Zip Code)	new registered agent and/or the new registered office addre		<u> </u>
	<u>Name of New Registered Agent</u>	555:	<u></u>
w Registered Agent's Signature, if changing Registered Agent?	Name of New Registered Agent (Florida s	ss: treet address) , Florid	
w Registered Agent's Signature, if changing Registered Agent	Name of New Registered Agent (Florida s	ss: treet address) , Florid	a
pereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	new registered agent and/or the new registered office addre Name of New Registered Agent (Florida s New Registered Office Address:	rreet address), Florid	a
	new registered agent and/or the new registered office addre Name of New Registered Agent (Florida's New Registered Office Address: w Registered Agent's Signature, if changing Registered Agent	rreet address) (Cuy)	a(Zip Code)
	new registered agent and/or the new registered office addre Name of New Registered Agent (Florida's New Registered Office Address: w Registered Agent's Signature, if changing Registered Agent	rreet address) (Cuy)	a(Zip Code)

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

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 Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
<u>X</u> Add	<u>sv</u>	Sally Sn		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1)Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add		_		
Remove				
Add		_		
Remove				
6) Change				
Add		_		
Remove				
RCHIOYC				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

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The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file (date)
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing require artment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without sh	areholder action and shareholder
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the cient for approval.	e amendment(s)
	ved by the shareholders through voting groups. The folioch voting group entitled to vote separately on the amend	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by 100	"	
VJ	(voting group)	
selected.	etor-fresident or other officer – if directors or officers he by an incorporator – if in the hands of a receiver, trustee if fiduciary by that fiduciary)	
	DIANA M VEROES DE LIM	IA
	(Typed or printed name of person signing)	1. 12 111
	PRESIDENT	
	(Title of person signing)	