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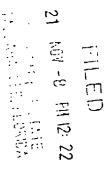
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T. LEMIEUX NOV 24 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: U.S. POWER & E	LECTRIC INC		
DOCUMENT NUME				
	of Amendment and fee are su	ubmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
	ABEL POLO			
		Name of Contact Person	n	
	U.S POWER & ELECTRIC INC			
	Firm/ Company			
	8426 NW 126TH PL	1 3		
-		Address		
	MIAMI, FL 33184			
•	-t	City/ State and Zip Cod	e	
-	E-mail address: (to be u	sed for future annual report	notification)	
	D man address. (to be a	sea for fature annual report	nottication)	
For further information	concerning this matter, plea	se call:		
ABEL POLO		at (³²¹	344-3772	
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:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

Articles of Amendment to Articles of Incorporation of

U.S POWER & ELECTRIC INC	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P19000072762	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
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 professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	.: 12
(muning address MAT BEAT OUT THE BOTA)	
D. If amending the registered agent and/or registered office add	iress in Florida, enter the name of the 🛒 🗇 🗇
new registered agent and/or the new registered office addres	<u>s:</u>
Name of New Registered Agent	2 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3
(Florida si	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Now Designated Agent's Signature if changing Degistered Agen	· ·
New Registered Agent's Signature, if changing Registered Agen 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

Check if applicable

 $[\]Box$ 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.

X Change	PT John	n Doc	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	ABEL POLO	1144 GENESEE AVE SE
X Add			PALM BAY FL 32909
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Re enecitic)
(Attach additional sheets, if necessary).	(ne specific)
	<u> </u>
	1 16 and a second above
If an amendment provides for an exce	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself.
(if not appreciate, indicate 1471)	
	<u>.</u>

	doption:	, if other than the
date this document was signed.	01/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	val.
	(no more than 90 days after amenament file ad	ie)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adeaction was not required.	opted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the afficient for approval.	umendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	.,,	
·	(voting group)	
11/01/2021		
DatedSignature	Midw -	
(By a diselected	lirector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, oned fiduciary by that fiduciary)	
	ALDO SANCHEZ CONCEPCION	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	