

9/5/24, 4:51 PM

PI 9000683907

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1124000303183 3))



H240003031833-BCr

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : HAPPY TAX MULTI SERVICE LLC
Account Number : 120190000101
Phone : (305)904-7224
Fax Number : (305)513-5827

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: happytaxmultiservices@gmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
ENERGIA ELECTRICA, CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

2024 SEP 18 PM 12:30

RECEIVED

2024 SEP 18 PM 12:56

FILED

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

424000303183

Articles of Amendment
to
Articles of Incorporation
of

Energica Electrica Corp.

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

P19.000083907

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendments to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., Inc., or Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1339 W 49th PL
Apt 510
Hialeah, FL 33012

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1339 W 49th PL
Apt 510
Hialeah, FL 33012

D. 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

Vasiel Bermudez Alvarez

1339 W 49th PL Apt 510
(Florida street address)

New Registered Office Address:

Hialeah

Florida

33012

(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

Swine

Signature of New Registered Agent, if changing

Check if applicable

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

FILED

2024 SEP 18 PM 12:56
TALLAHASSEE, FL
STATE OF FLORIDA
SECRETARY OF STATE

11240003031833

H2400030318 33

When 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;

(Each additional sheet, if necessary)

Please note the officer/director title by the first letter of the office title:

P - President, VP - 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. 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:

Example:
☒ Change P1 John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☒ Change	<u>Pres</u>	<u>Yasiel Bermudez</u>	<u>1339 W 49th PL</u>
☐ Add		<u>Alvarez</u>	<u>Apt 510</u>
☐ Remove			<u>Hialeah FL 33012</u>
2) ☐ Change			
☐ Add			
☐ Remove			
3) ☐ Change			
☐ Add			
☐ Remove			
4) ☐ Change			
☐ Add			
☐ Remove			
5) ☐ Change			
☐ Add			
☐ Remove			
6) ☐ Change			
☐ Add			
☐ Remove			

2024 SEP 18 PM 12:56
 HIALEAH, FL

FILED

H2400030318 33 13

H24000302...

D. Amending or adding additional Articles, enter change(s) here
(Attach additional sheets, if necessary) (Be specific)

Handwritten notes and lines for amending or adding additional Articles.

E. 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/A)

Handwritten notes and lines for implementing the amendment.

2024 SEP 18 PM 12:56
TALLAHASSEE, FL

FILED

H240003021833

H240003031833

The date of each amendment(s) adoption: _____, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ 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 _____
(voting group)"

Dated September 8, 2024

Signature *[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)

Vasiel Bermudez Alvarez
(Typed or printed name of person signing)

President
(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 18 PM 12:56

FILED

H240003031833