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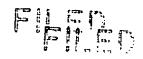
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR		SERVICES CORP	
DOCUMENT NUME	P20000050041 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	PIEDRA, AMAURY		
	<del></del>	Name of Contact Person	1
	5417 W 27TH AVE	Firm/ Company	
	HIALEAH, FL 33016	Address	
	amauman 1071@amait.com	City/ State and Zip Cod	e
	amaurypp1971@gmail.com	sed for future annual report	
For further information	n concerning this matter, plea	se call: at ( <b>786</b>	<u> </u>
Name o	of 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



PINO ELECTRIC SERVICES CORP

2022 JAN 18 PH 1: 25

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	n as currently filed with the	Florida Dept. of State)	Orania (NAL) Orania (Na)
120000050041		TALL	the training to the state of
(Docume	ent Number of Corporation (if	known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Co</i>	orporation adopts the following	ig amendment(s) to
A. If amending name, enter the new name of the cor PINO SERVICES AND REPAIRS CORP	-poration:		
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional co		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS )		<del></del> -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		enter the name of the	
Name of New Registered Agent			
	(Florida street address)		_
	(17) The By CCI com Cony		
New Registered Office Address:	(City)	, Florida(Zip	Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		he obligations of the position.	
 Signat	ure of New Registered Agent,	if changing	_
Check if applicable			

☐ 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)

Example:

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; CE() = Chief Executive Officer; CF() = 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	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name		<u>Addres</u> s	
1) Change					
Add					
Remove				<del></del>	
2) Change					
Add					
Remove 3) Change				<del>-</del>	
Add					
Remove				<u>-</u>	
4) Change					
Add					
Remove				<u></u>	
5) Change					
Add					
Remove					
6) Change				<u></u>	
Add			<del>-</del> · -		
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch provisions for implementing the ame	ange, reclassificat	ion, or cancellation	n of issued shares, dment itself:	
(if not applicable, indicate N/A)			<del></del>	
				<del></del>
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· <del>-</del> · · · · · · · · · · · · · · · · · · ·				
		<del>_</del>		
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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 amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors with action was not required.	hout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes case by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appr	oval
by	<u> </u>
(voting group)	
Signature  (By a director, president or other officer – if directors or o selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)  Amany Predra  (Typed or printed name of person signing)	trustee, or other court