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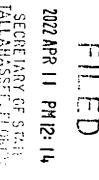
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION:	Power Services Inc
DOCUMENT NUMBER: PZIOC	0000 5251
The enclosed Articles of Amendment and fee are submi	tted for filing.
Please return all correspondence concerning this matter	to the following:
Martin	Martinez
	Name of Contact Person OWEV SETVICES INC
24447	Firm/Company SW 117 Ave
Homeste	Address ad , FL 33032 City/ State and Zip Code
Martin C E-mail address: (to be used to	Je Jesus 32 egmail com or future annual report polification) vices 6 moil. com
For further information concerning this matter, please ca	
Martin Martinez Name of Contact Person	at (706) 457 - 6237 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pays	able to the Florida Department of State:
Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	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

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

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
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 "abbreviation" in the second secon	The new on, ""company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A." 24447 SW 117 AVC Homes tead, Fl 33032
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	24447 SW 117 Ave Homes tegd, FC 33032
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office aden Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	Agent: illiar with and accept the obligations of the position. New Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120) (11) (c), 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name On	Address
1) Change	<u>v P</u>	Monra M Guerra	9170 Caribbaan Blud Cutter BAY, FL 3315
Add			CUHIER DHY, FC 3513
X Remove			
2) Change		_	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
-	
100	
-	
<u> </u>	
	
	to the state of th
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
-	
	11.1

•

The date of each amendment(s) adoption	3/14/2022	, if other than the
date this document was signed.	3/11/12027	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	bes not meet the applicable statutory filing requirements, this date ant of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b action was not required.	y the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) t for approval.	
· ·	by the shareholders through voting groups. The following statement oting group entitled to vote separately on the amendment(s):	
	amendment(s) was/were sufficient for approval	
by Martin M	artinez	
-	(voting group)	
Dated	1/2022	
Signature		
selected by a	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iciary by that fiduciary)	
)\	Martin Martinez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	