P21000024470

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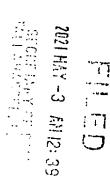


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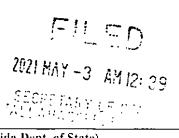
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FLORIDA STATE	EWIDE LENDING, CORP.			
DOCUMENT NUM	BER: P21000024470				
	s of Amendment and fee are st	ibmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	Rafael Macias				
	Name of Contact Person				
	Statewide Lending Lending Corp Firm/ Company 15941 SW 61 Street				
		Address			
	Davie, Florida 33331				
		City/ State and Zip Code	e		
	350energy@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
	, , , , , , , , , , , , , , , , , , ,				
Rafael Macias		at (9 5 4	5 4 0 - 6 8 0 0 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or 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		Street Address Amendment Section Division of Corporations			
	Box 6327		entre of Tallahassee		
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



FLORIDA STATEWIDE LENDING, CORP.

(Name of Corporation as	s currently filed with the F	lorida Dept. of State)
P21000024470		
(Document)	Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Con	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:	
FLORIDA STATEWIDE LENDING CORP	"	47
name must be distinguishable and contain the word "corpor" Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation.	"Co". A professional con	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u>22</u>)	
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	-	
		
D. If amending the registered agent and/or registered o new registered agent and/or the new registered office		ter the name of the
Name of New Registered Agent N/A		
	· 	
	Florida street address)	
NUA	,	
New Registered Office Address:	(City)	, Florida (Zip Code)
	(5)	(cop code)
New Registered Agent's Signature, if changing Register	ed Agent:	
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 The amendment(s) is/are being filed pursuant to s. 607.0	0120 (11) (e) FS	

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 Doc 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	1	
X Remove	<u>V</u>	Mike Jon	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>	<u>}</u>	Name .	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change		·		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		- -		
Add				
Remove				
6) Change	•			
Add				
Remove				

E. <u>If ame</u> (Attacl	ending or adding additional Art hadditional sheets, if necessary).	icles, enter change(s (Be specific)	s) here:		
N/A	, , , , , , , , , , , , , , , , , , ,	100 141 2014 104			
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If an a	imendment provides for an exchisions for implementing the ame	ange, reclassification	on, or cancellation	of issued shares,	
<u> </u>	if not applicable, indicate N/A)	noment if not conta	unea in the amena	ment usen.	
/A					
	-				
	-				
			<u> </u>		
		-	· · · · · · · · · · · · · · · · · · ·		-
					

	N/A
The date of each amendment(s) adoption	n:, if other than
date this document was signed.	
N/A Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block d document's effective date on the Department	oes not meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
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 sufficient	y the shareholders. The number of votes cast for the amendment(s) at for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes east for the	amendment(s) was/were sufficient for approval
By Rufael Macins	,,
	(voting group)
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 beiary by that fiduciary)
Rafac	Macias
 	(Typed or printed name of person signing)
CEO	
	(Title of person signing)

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