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TO: Amendment Section Division of Corporations

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

NAME OF CO	PRPORATION: NEUTRAL ELE	CTRIC & SMART HOME II	NC
DOCUMENT	NUMBER: P21000051308		
The enclosed A	rticles of Amendment and fee are	submitted for filing.	
Please return al	correspondence concerning this n	natter to the following:	
	OSIEL MACHADO GOSE	NDE	
		Name of Contact Person	1
		Firm/ Company	
	3020 45TH AVE NE		
		Address	·
	NAPLES, FL 34120		
		City/ State and Zip Cod	e
	OSIEL.MACHADO@YAI	HOO.ES	
	E-mail address: (to be	used for future annual report	notification)
For further info	rmation concerning this matter, plo	ease call:	
OSIEL MACHADO GOSENDE		at (305	710-5501
	Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a cl	neck for the following amount mad	e payable to the Florida Dep	artment of State:
S35 Filing	Fee ☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Street Address
Amendment Section
Division of Corporations

The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

FILED 2021 SEP 09 AH 5: 44

NEUTRAL ELECTRIC & SMART HOME INC

(<u>Name o</u>	Corporation as currently	inea wan the Fiorida D	The Lallacere
P21000051308			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation	r adopts the following amendment(s
A. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporate professional corporation	ed" or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S	TREET ADDRESS)		
C. Enter new mailing address, if appli	cable:		
(Mailing address MAY BE A POST of			-
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the	name of the
new registered agent and/or the new			
Name of New Registered Agent	OSIEL MACHADO GOSE	NDE	
Name of New Registered Agent			
	(Florida stro	at adduan)	
	(101444 2116	et aantess)	
New Registered Office Address:			, Florida
	•	(City)	(Zip Code)
	I Destate de la contra		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	nanging Registered Agent: vered agent. I am familiar w	ith and accept the obliga	tions of the position.
, nervey mossy and approximation as a great			
	- 11/ <i>(k /)</i>		
	HPDA.		· · · · · · · · · · · · · · · · · · ·
	Signature of New Re	gistered Agent, if changi	ng
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)

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	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	OSIEL MACHADO GOSENDE	3020 45TH AVE NE
, Add			NAPLES, FL 34120
Remove			
2) Change			
Add			40.
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

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The date of each amendment(s) adoption: date this document was signed. 09/07/2021 Effective date if applicable:	09/07/2021	, if other than the
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not of State's records.	ot be listed as the
Adoption of Amendment(s)	CHECK ONE)	
■ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	voting group)	
	resident or other officer – if directors or officers have not been	
	ncorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
OSIEL N	MACHADO GOSENDE	
	(Typed or printed name of person signing)	
PRESID	ENT	