P21000097859

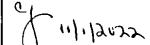
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COVER LETTER

Division of Corporations NAME OF CORPORATION: Electra Empirer Inc DOCUMENT NUMBER: P21000097859 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Matthias Dolatowski Name of Contact Person **Brandon Tyler Consulting** Firm/ Company 5660 Strand Court, #317 Address Naples, FL, 34110 City/ State and Zip Code tyler_consulting@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Matthias Dolatowski Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Electra Empirer Inc		70:2 CL 26 FT 3: 27
(Name of Corporation	as currently filed with the	Florida Dept. of State)
P21000097859		
(Documen	nt Number of Corporation (if	known)
Pursuant to the provisions of section 607,1006. Florida Stits Articles of Incorporation:	tatutes, this <i>Florida Profit Co</i>	prporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	ooration:	
Jakob Andreas Feldbauer Inc		The new
name must be distinguishable and contain the word "corp" Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A professional co	corporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	<u>ESS</u>)	
		
		- <u>-</u> -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		enter the name of the
Name of New Registered Agent		
	(Florida street address)	
Now Projectored () Con Address		Elogido
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		he obligations of the position.
	CM D	
Signatu	ire of New Registered Agent,	if changing
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 60	7.0120 (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.

Example: X Change	<u>PT</u>	John Do	o <u>e</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>SV</u>	Sally Sr	mith	
Type of Action (Check Onc)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	·	
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach <i>additional sheets</i>	, if necessary).	cles, enter change(s (Bc specific)			
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				, <u> </u>	
					
					
					
				- 	
f an amendment provi	des for an exch	ange, reclassification	on, or cancellation	of issued shares,	ř
provisions for implem (if not applicable, i	ndicate N/A)	nament nagetant	inco in the union	William House	
		-			
			<u> </u>		
					.

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
• • •	(no more than 90 days after amendment file	date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing require epartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the ficient for approval.	ne amendment(s)
	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amer	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u></u> .	
	(voting group)	
Dated <u>07/13/2022</u> Signature	Habilias Medi,	
(By a d	irector, president or other officer - if directors or officers	
	d, by an incorporator – if in the hands of a receiver, truste ted fiduciary by that fiduciary)	e, or other court
	Matthias Dolatowski	
	(Typed or printed name of person signing)	· -
	Smart Consult Inc (Incorporator)	
	(Title of person signing)	