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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	_	<u>h Electei</u> (101880	c Corp	_	
					
The enclosed Articles of	f Amendment and fee are so	abmitted for filing.			
Please return all corresp	ondence concerning this ma	atter to the following:			
_	Ileano	Name of Contact Person	n lo Hiserbic		
	22-2	Firm/ Company			
_	3750 L	J. 16 Ave.	<u></u> + 200_		
_	Hialeal	Address FL 33 City/ State and Zip Code	3012		
_	E-mail address: (to be us	on muttise sed for future annual report	policios © notification)	yalao.c	ma
For further information of	concerning this matter, pleas	se call:			
Teons Name of	Contact Person	at (2) 391 - 235 de & Daytime Telephone N	2722 DEC	
Enclosed is a check for the	he following amount made	payable to the Florida Depa	artment of State:	3 6	1214ura
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	81-18	in U
<u>Ma</u> ilin	g Address	Street /	Address		

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

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 of

Darah Elect	ration as currently file		ot. of State)	1		
P2100009						
	ocument Number of Cor	poration (if known)		-		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Flori</i>	da Profit Corporation :	idopts the fo	ollowing a	mendn	nent(s) to
A. If amending name, enter the new name of th	he corporation:					
				Т	he ne	14*
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," " "chartered." "professional association," or the a	Inc," or "Co". A pro			reviation	"Corp.,	••
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>).	able: ADDRESS)			.,		
		••-				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)					
D. If amending the registered agent and/or reg new registered agent and/or the new registe		n Florida, enter the na	me of the			
Name of New Registered Agent				· · ·	(1) (3)	
					g	5 3
	(Florida street ad	dress)			J.	TET LAND STEP AND STEP
New Registered Office Address:			_, Florida_	-,,- <u>\</u>		
	(City)			(Zip God	මුසු දා ස	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.		nd accept the obligation	us of the po			
<u></u>	Signature of New Registe	red Agent, if changing	 -			
Check if applicable ☐ The amendment(s) is/are being filed pursuant to	, ,					

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, 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> <u>John</u>	n Doe		
X Remove	<u>V</u> <u>Mik</u>	te Jones		
X Add	<u>SV</u> <u>Sall</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	Pres	Maday	Jufre Morey	on 100 Sw 154. 4605
Add			_	Miari FL 33030
<u> </u>	_			
2) Khange	Pres	Thonas	in A. Topuro	100 5W 15+ +605
Add			Porosors	Miani FL 33030
Remove Change			·	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	dditional sheets, if neces	ssary). (ве specijio	,		
					
					
					
					
	<u> </u>			, <u></u>	
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F. If an an	endment provides for	an exchange, reclass	<u>ification, or cancel</u>	ation of issued shar	es,
<u>provisi</u>	ns for implementing t	<u>he amendment if no</u>	<u>t_contained in the a</u>	<u>mendment itself:</u>	
(if)	ot applicable, indicate i	N/A)			
					···
				<u>-</u>	

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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, 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 without shaction was not required.	areholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The fol must be separately provided for each voting group entitled to vote separately on the amen	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trusted appointed fiduciary by that fiduciary)	
Thonattan A. Toruno (Typed or printed name of person signing)	balazar
Vice President	
(Title of person signing)	