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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MOYO EL	ECTRIC, INC		
DOCUMENT NUMBER: PLL 00000			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Benja	Amin Nguyen. Name of Contact Person		
	Firm/ Company		
13/15 Belh	Address FL 35414 City/ State and Zip Code		
O. A	Address		
Welling her	FL 35414 City/ State and Zin Code		
E-mail address: (to be used	Tor future annual report notification)		
Than decress, (to be thee	The factor annual report manically		
For further information concerning this matter, please	call:		
Benjanin Nguyen	at (<u>646</u>) 400 - 3006 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:		
\$35 Filing Fee \$\times \text{Certificate of Status}\$	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address 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 of

MUPO ELECT	RIC : INC
	filed with the Florida Dept. of State)
	561
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</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 office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	at addraw)
, , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
	,
Signature of New Pa	gistered Agent, if changing
organia e of tren re	goter our regard, y criming mg

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> <u>John</u>	n Doc	
X Remove	<u>V</u> <u>Mik</u>	eg Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	- Natalie Vo	10120 Forest Hill BIVI) Suite
Add			William FL 33411
X Remove			
2) Change	-1-	Notatio 110	1000 FORT HILL BIND Sole
Add			Williagton FL 334114
A Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additie</i>	r adding additional A). (Be specific)	media, mail.		
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lf an amendn	ient provides for an ex	change, reclassif	ication, or cancel	lation of issued sh	iares.
provisions for	or implementing the an	nendment if not	contained in the a	mendment itself:	 -
(if not a _l	plicable, indicate N/A)				
	<u></u>				
					
					
					

The date of each amendment(s) add date this document was signed.	pption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after	
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of dir	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of licient for approval.	Evotes cast for the amendment(s)
	oved by the shareholders through voting ach voting group entitled to vote separa	
"The number of votes cast fo	or the amendment(s) was/were sufficien	t for approval
by	(voting group)	<u></u>
	(voting group)	
Signature(By a dire	ector, president or other officer – if dire	
	by an incorporator – if in the hands of a diductary by that fiductary)	a receiver, trustee, or other court
_	(Typed or printed name of pe	rson signing)
_	PRESIDENT	
	(Title of person signing)	