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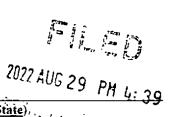
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DEMTEK MANU	FACTURING MIAMI INC	-			
DOCUMENT NUM	BER: P22000024848		· · · · ·			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	ABEL DEMIEN					
		Name of Contact Persor	1			
	DEMTEK MANUFACTURING MIAMI INC					
	Firm/ Company					
	7290 W 18 LANE					
		Address				
	HIALEAH, FL 33014					
		City/ State and Zip Code	e			
	ABEL@SKYPEELECTRIC	СОМ				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
Abel Demien		at (305	300.4572			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check fi	or the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing 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



DEMTEK MANUFACTURING MIAMI INC

(<u>Name of Corporati</u>	<u>ion as currently</u>	filed with the Florida	a Dept. of State)	
P22000024848		filed with the Florids	1,51,1	AHASSET SIL
		Corporation (if known		
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this F	lorida Profit Corporat	tion adopts the follo	wing amendment(s) t
A. If amending name, enter the new name of the co	orporation:			
				The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)			
D. If amending the registered agent and/or register new registered agent and/or the new registered		ess in Florida, enter th	he name of the	
Name of New Registered Agent				
	(Florida stre	et address)		
New Registered Office Address:			, Florida	
	(City)	G	Zip Code)
Now Desistant & sent's Signature if showing Design				
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	Tam familiar w	ith and accept the oblig	gations of the position	on.

Signature of New Registered Agent, if changing

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	VIVIAN PEREZ	7290 W 18 LANE
$\frac{X}{Add}$			HIALEAH, FL 33014
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addi	or adding additional Artitional sheets, if necessary).	(Be specific)	— —			
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provisions	Iment provides for an exch for implementing the ame applicable, indicate N/A)	ange, reclassifica ndment if not cor	tion, or cancellat stained in the am	ion of issued sha endment itself:	ires,	
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The date of each amendment(s) adoption: date this document was signed.			_, if othe	r than the
Effective date if applicable:	(no more than 90 days after amendment file date)			_
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this d of State's records.	ate will n	ot be lis	ted as the
Adoption of Amendment(s)	CHECK ONE)			
☐ The amendment(s) was/were adopted by t action was not required.	he incorporators, or board of directors without shareholder act	ion and sl	harehold	er
The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment or approval.	(s)		
The number of votes cast for the arby Dated Signature (By a director, proceedings)	the shareholders through voting groups. The following statenting group entitled to vote separately on the amendment(s): mendment(s) was/were sufficient for approval woting group) resident or other officer – if directors or officers have not been accorporator – if in the hands of a receiver, trustee, or other country by that fiduciary) Add Damas	SCALL AHASSEE, FL	2022 AUG 29 PM 4: 39	
	(Typed or printed name of person signing) THES ACT			
	(Title of person signing)			-