Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033

Phone : (305)644-3055

Fax Number

: (305)644-3052

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:	
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COR AMND/RESTATE/CORRECT OR O/D RESIGN MEGA ELECTRIC SERVICES INC

Certificate of Status	0
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Corporate Filing Menu

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OCT 0 0 2023

COVER LETTER

TO: Amendment Sec Division of Corp			
NAME OF CORPO	RATION: MEGA ELECTRI	C SERVICES INC	
DOCUMENT NUM	BER: P23000024880		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	; spondence concerning this ma	atter to the following:	
	ENNA DIEPPA		
		Name of Contact Person	n
	KIJOENNA SERVICES INC		"
	, , , , , , , , , , , , , , , , , , , ,	Firm/ Company	
	2141 SW 1 ST STE110		
		Address	
	MIAMI		
		City/ State and Zip Code	e
	KRISJOENNA@YAHOO.C	ОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	a concerning this matter, please	se call:	
ENNA DIEPA		at (, 786 4 99713 2
Name o	f Contact Person	Area Cod	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 Filing Fee	S43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314		Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment Articles of Incorporation of

2023 OCT 27 PH 4: 1

MEGA ELECTRIC SERVICES INC

(1)	
	y filed with the Florida Dept. of State)
P23000024880	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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."	The new ompany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX)</u>	
D. If amonding the registered agent and/or registered office address: Name of New Registered Agent	ess in Florida, enter the name of the
(Florida stree	rt address)
New Registered Office Address: (C	City) , Florida (Zip Code)
	th and accept the obligations of the position. tistered Agent, if changing
Check if applicable	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)), F.S.

Address of each Office (Attach additional she Please note the officer P = President; V = Vi Executive Officer; CF, President, Treasurer, Changes should be no a change, Mike Jones	ets, if neces director til ce Presiden O = Chief F Director wo ted in the fo leaves the c	Offector being added: sary) tle by the first letter of the office title: tl; T= Treasurer; S= Secretary; D= Direc financial Officer. If an officer/director hol ould be PTD. billowing manner. Currently John Doe is t	each officer/director being removed and title, name, and ector; TR= Trustee; C = Chairman or Clerk; CEO = Chief lds more than one title, list the first letter of each office hold. listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change.
X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	LEONIDA FABELO	480 NE 5TH ST
Add X Remove			FLORIDA CITY, FL 33034
2) Change	-	-	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
lf an amendment provides for an exchange, reclassification, or cancellation of issued	thares.
provisions for implementing the amendment if not contained in the amendment itse (if not applicable, indicate N/A)	<u>u:</u>

The date of each amendment(s) a	10/27/2023	, if other than the
date this document was signed.	27/2023	, it office that the
Effective date if applicable:		
;	(no more than 90 days after amendment file	z ďate)
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirepartment 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 cast for tufficient for approval.	he amendment(s)
	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amei	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	11	
	(voting group)	
10/27/20 Dated	23	
Signature	Brayan Galue	<u>, </u>
selecte	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)	have not been
	BRAYAN GALVEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	