P24000008158

(Requestor's Name)	
(Address)	90042557
(Address)	30042337
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	03/12/2401029
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations

^	Flectric + Alc Masters, Fric
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Carolin	a Romero
	Name of Contact Person
	Firm/ Company
8901 SW	129 57
1	Address
_ Miami	F1 3317 φ City/ State and Zip Code
Cristina & P E-mail address: (to be us	Pan Merair Conditioning Composed for future annual report notification)
For further information concerning this matter, plea-	se call:
Carolina Romero	at (784) 797. 4380 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

Miami Electrice Al	or Masters Tuc
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P24000008158	
	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation Panne (https://www.incompanion.com/panion) name must be distinguishable and contain the word "corporation." "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" "chartered." "professional association." or the abbreviation "P.	""company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8901 SW 129 St. Luanu, Fl 33176
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A.
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	address in Florida, enter the name of the ress:
Name of New Registered Agent \(\int\)	A
	•
(Florid	a street address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	tent: iar with and accept the obligations of the position.
Signature of Ne	w 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>	Name	<u>Addres</u> s
1) Change	_	- <u>N</u> H	
Add			
Remove			
2) Change			
Add			
Remove 3) Change	_		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change	_		
Add			
Remove			

If amending or adding add Attach additional sheets, if r	necessary). (Be spe	cific)	. 1		
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f an amendment provides	for an avalance re-	descification or	concellation of	isayad ahawa	
provisions for implementi	ing the amendment i	f not contained	in the amendm	ent itself:	
(if not applicable, indic	cate MA)	N) P			
		-NIP	<u> </u>		
					<u>, </u>
		<u> </u>			
	<u> </u>				
				-	

:

the date of each amendment(s) adoption: 3 6 2024 if other that this document was signed.
ffective date if applicable: 3 DG 30. (no more than 90 days after amendment file date)
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records.
doption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"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 not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed of printed name of person signing) (Title of person signing)

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