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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: M&A ELECTRIC	AL CONTRACTOR SERV	VICES INC	_
DOCUMENT NUM	1BER: P24000016611			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	MANUEL D OTERO ALBU	JRQUERQUE		
		Name of Contact Person	n	
	M&A ELECTRICAL CONT	RACTOR SERVICES INC	2	
		Firm/ Company		
	932 NE 24th LN			
		Address		
CAPE CORAL, FL 33909				
		City/ State and Zip Cod	e	
	odalys@proexecconsulting.c	om		
	E-mail address: (to be us	sed for future annual report	notification)	_
	on concerning this matter, pleas		, 660-9188	2024 JUN 24 # 10: 50
Name	of Contact Person	at (Area Co	/de & Daytime Telephone N	umberc =
Enclosed is a check f	for the following amount made	payable to the Florida Depa) 660-9188 de & Daytime Telephone N artment of State:	110: 50
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	111
	ailing Address		Address	
	nendment Section		Iment Section	

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

M&A ELECTRICAL CONTRACTOR SERVICES INC.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P24000016611	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>Li</u>
	The new
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	'. A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
,	
	522
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	> 12 N
	ing G
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent.—I am famili	(ent:
recess weeks me approximent as registered agent. I am jamin	ar wan and accept the ootigations of the position.
Signature of Ne	w Registered Agent, if changing
Check if applicable	

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>	John Doc	
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>	Address
1) Change	Sec	IGORT CRUZ LABRADA	8019 FOUNTAIN AVE
X Add			TAMPA, FL 33615
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			ω 😁
Add			SECRI TAL
Remove			
5) Change	<u> </u>		
Add			<u> </u>
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6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
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lf an amandment amandd a far ar ar b				
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:			
(if not applicable, indicate N/A)				
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The date of each amendment date this document was signed	(s) adoption: 06/18/2024	, if other than the
Effective date if applicable:	06/18/2024	
inective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	u(s)
	re approved by the shareholders through voting groups. The following state d for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by 100		
	(voting group)	
se	y a director, president or other officer – if directors or officers have not beel ected, by an incorporator – if in the hands of a receiver, trustee, or other corpointed fiduciary by that fiduciary)	
	MANUEL D OTERO ALBURQUERQUE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	
		2024 JUH 24 AR ID: 50 SECRETARY SECRETARY