P94 000087367

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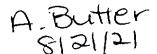
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Utility Technician	s Inc		
DOCUMENT NUM	1BER: P94000087367 FEI/EII	N NUMBER 59-3282825 I	Date Filed:8/4/2021	
	es of Amendment and fee are su			
Please return all corr	respondence concerning this ma	atter to the following:		
	John Purland			
		Name of Contact Perso	n	
	Utility Technicians Inc.			
		Firm/ Company		
	630 Goodbar Ave			
		Address		
	Umatilla FL 32784			
		City/ State and Zip Coc	le	
	100 30 111	,		
	AP@utilitytechnicians.com		.,,	
	E-mail address: (to be u	sed for future annual repor	t notification)	
for further informati	on concerning this matter, plea	se call:		
ohn Purland		at (³⁵²	6695822	
Name	of Contact Person		ode & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 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	
An	nendment Section	Amendment Section		
	rision of Corporations	Division of Corporations		
). Box 6327 lahassee, FL 32314	The Centre of Tallahassee		
1 11	тана5500, г.С. 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

(Nama of Co			
(Ivanie of Co	orporation as curren	tly filed with the Florida D	phorsima PH 9: 4
94000087367 FEI/EIN NUMBER 59-32828	325	:	DOTEST OF OFFICE
	(Document Number	of Corporation (if known)	WILL MASSEE, FL
ursuant to the provisions of section 607.1006 Articles of Incorporation:	6, Florida Statutes, thi	Florida Profit Corporation	adopts the following amendmen
. If amending name, enter the new name	of the corporation:		
//A			The new
ame must be distinguishable and contain the value.," or Co.," or the designation "Corp, chartered," "professional association." or to	" "Inc," or "Co".	A professional corporation	d" or the abbreviation "Corp.,"
Enter new principal office address, if ap	nlicable:	N/A	
Principal office address MUST BE A STRE			· · · · · · · · · · · · · · · · · · ·
		-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		_	
If amending the registered agent and/or	registered office add		
If amending the registered agent and/or new registered agent and/or the new reg	registered office addistered office addres	ress in Florida, enter the n	ame of the
NIA	istered office addres	ress in Florida, enter the ns:	ame of the
new registered agent and/or the new reg	istered office addres	ress in Florida, enter the ns:	ame of the
new registered agent and/or the new reg	istered office addres	<u>5:</u>	ame of the
new registered agent and/or the new reg	istered office addres	reet address)	ame of the

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)

Example:

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S	_	Nichole Jenkins	16901 CUMBERMOORE LANE
Add				Umatilla FL 32784
X Remove				-
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
N/A	
-	
•	
. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:
∛A	
<u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
5/21/2021 Effective date if applicable:	
(no more than 90 days after amendment	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing req document's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	nt shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
DatedSignature	
(By a director / president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, true appointed fiduciary by that fiduciary)	
John Purland	
(Typed or printed name of person signing)	
President	
(Title of person signing)	