P98000107435

(Reque	stor's Name)	
(Addres	s)	
(Addres	is)	
(City/St	ate/Zip/Phone i	¥)
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SEURE PART EL PROBLEMA

Amend

OCT 2 9 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TECH ELECTRIC	C. INC		
DOCUMENT NUME	P08000107435			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	spondence concerning this ma	atter to the following:		
	NOEL TAVIO			
		Name of Contact Person	יו	
		Firm/ Company		
	400 PALM AVENUE		•	
		Address		
	HIALEAH, FLORIDA 3301	0		
		City/ State and Zip Cod	e	
ntavio	o@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
noel tavio		at (9043063	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:	
S35 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)	
<u>Mai</u>	ling Address		Address	
	endment Section		lment Section	
	sion of Corporations		on of Corporations	
	Box 6327	Clifton Building		
1 all:	ahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TECH ELECTRIC, INC	
(Name of Corpor	ation as currently filed with the Florida Dept. of State)
P98000107435	
(Doc	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
	The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
D. If amending the registered agent and/or registered agent and/or the new register	stered office address in Florida, enter the name of the red office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	Registered Agent: at. I am familiar with and accept the obligations of the position.
<u></u> ('	ionature of New Registered Agent if changing

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	Address
1) Change	VSD	ROSEMARY BANOS	11451 SW 243TH TERRACE
Add X Remove			HOMESTEAD, FL 33032
2) Change			
Add			
Remove			
3) Change	-		
Add			
Remove			
4) Change			
Add			***
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	nere:		
	.			
				<u> </u>
		 -	· -	
				
<u>.</u>				
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification ndment if not contain	o, or cancellation of ed in the amendm	f issued shares, ent itself:	

The date of each amendment(s) adoption:
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 requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ 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 east for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
10/16/2018 Dated
Signature NATA PASS
Signature
ROBERTO A BANOS
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)