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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Amendment S	ection
Division of Co	rporations
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NAME OF CORPORATION: 1 NIC VICIOU COM.	Ruis Floatnin Coop	
	NAME OF CORPORATION: LML MUIMU WUP.	

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARCEL RUIZ		
Name of Contact Person		
Ruz Electric Colp		
Firm/ Company		
8181 NW QI TERE. HH		
Address		
Medley, FI 33164		
City/ State and Zip Code		
ruizelectric D bell south net		
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

allel Ruiz

Name of Contact Person

305 ,888 5954 /1966072 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 43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

at (

□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Street Address

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment FILED to Articles of Incorporation 17 AUG 14 PH 1: 35 of (Name of Corporation as currently filed with the Floride Dept. of State) <u>99</u>00056919^{iAt} (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: ____ Name of New Registered Agent (Florida street address) New Registered Office Address: _ . Florida (Citv) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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)

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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 V Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) NW 91 JURA NARCISO PD 1) ____ Change ____ Add _____ ____ Remove MARCEL BUIZ 8181 $()(\lambda)$ U 2) λ Change ____ Add ____ Remove DAL ()UJ 3 <u>X</u> Change L ____ Add 33166 ____ Remove 4) ____ Change ____ Add Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change Add Remove

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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
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I/I	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90	davs 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 the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK_ONE)

 \Box 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

bу

(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.

Dated Ze 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)

(Title of person signing)