

Office Use Only



000298971130

05/30/17--01021--002 **43.75



R. WHITE

COVER LETTER

Division of Corporations						
NAME OF CORPORATION: THE Electric Contractors Inc. DOCUMENT NUMBER: \$99000080779						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person TNT Electric Contractors Inc. Firm/ Company 14650 Mossy Hammock M. Address Myckka City Fl. 3435/ City/ State and Zip Code Tom tntelectric & Gmail. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Thomas Christie at 941 378-5995 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 Certificate of Status Certified Copy (Additional copy is enclosed) □ \$35 Filing Fee Certified Copy (Additional Copy is enclosed) □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)						

Mailing Address

TO: Amendment Section

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

	of	- 4-1-4-11	17 MAY 30 P	H 4: 04
TNT Electric	Contrac	Lors Z	~ C ·	* *
(Name of Corporation as currently	filed with the Florid	a Dept. of State)	10 1 K / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A Company of the Comp
P99000	08077	9		
(Document Number of	of Corporation (if kno	wn)		
Pursuant to the provisions of section 607.1006, Flori Incorporation:	ida Statutes, this <i>corp</i>	oration adopts the	e following amendme	nt(s) to its Articles of
A. If amending name, enter the new name of the	corporation:			
	N.A.			The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	p," "Inc," or "Co".	A professional of		abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		N- 1	<i>A</i> .	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>ox</u>)	<i>M</i> .	A ·	
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent		n Florida, enter t	he name of the	
	(Florida street d	iddress)		
Non-Brainfand Office Address	,	ŕ	9	
New Registered Office Address:	(City)	, r	lorida(Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent. Signature of N		•	gations of the position	7.

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 De	<u>oe</u>	
X Remove	:	<u>v</u>	Mike Jo	ones	
X Add		<u>sv</u>	Sally Si	nith	
Type of Act (Check One		<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Ch	ange	V	_	Wyelf Auston Christie	141050 Mossy Hammock In Myakka C:ty, Fl. 34251
_X A0	ild			,	Myakka City, Fl.
Re	emove				34251
2) Ch	ange		_		
Ad	id				
Re	emove				
3)Ch	nange		_		
Ac	id				
Re	emove				
4) Ch	ange				
Ad	id				
Re	emove				
5) Ch	ange		_		
Ad	ld				
Re	emove				
6) Cha	ange		_		
Ad	id				
Re	move				

3.	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
	N.A.
-	
•	
•	
ſ .	If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
	provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	N.A.
	,

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	11/2 11/2	
Effective date <u>if applicable</u> :	07/35///	
	(no móre than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-	(voting group)	
☐ The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adop action was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	1/25/17	
Signature	3/ C/A (President)
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
•	Thone 5 Christie (Typed or printed name of person signing)	
-	(Typed or printed name of person signing)	`
	President (TNT Elect	<u>(,, 'c</u>
	(Title of person signing)	