N11000008357

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amend/ Name Change

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D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NEXUS 70, INC NAME OF CORPORATION:				-
N11000008357 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing	g.			
Please return all correspondence concerning this matter to the follow	ring:			
SHANE NORTHROP				
(Name of Con	tact Person)			•
NORTHROP FINANCIAL GROUP, LLC				
(Firm/ Co	mpany)			-
13700 SIX MILE CYPRESS PKWY STE 2				
(Addr	ress)			•
FORT MYERS, FL 33912				
(City/ State an	d Zip Code)			-
SHANE@NORTHROPFINANCIAL.COM				
E-mail address: (to be used for future ann	ual report notification	n)		•
For further information concerning this matter, please call:			2023 SEC	
SHANE NORTHROP, CPA	239 at	271-2488	JAN ORET	ethe f
(Name of Contact Person)	(Area Code)	(Daytime Teleph	one:Number)	Januar
Enclosed is a check for the following amount made payable to the Fl	lorida Department of	State:		14
\$35 Filing Fee	copy is Certification (Add	O Filing Fee ficate of Status fied Copy itional Copy is osed)	3: 22	***************************************

Mailing Address

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

Street Address

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

NEXUS 70, INC

(Document Number o	f Corporation (if known)		
ursuant to the provisions of section 617.1006, Florida Statutes, t mendment(s) to its Articles of Incorporation:	his Florida Not For Profit Corporation a	dopts the following	
. If amending name, enter the new name of the corporation	•		
LIGHT UP YOUR WORLD, INC		The new	
ame must be distinguishable and contain the word "corporation Company" or "Co," may not be used in the name.	" or "incorporated" or the abbreviation	"Corp." or "Inc."	
. Enter new principal office address, if applicable:	122 JAMES GOVAN DR		
Principal office address MUST BE A STREET ADDRESS)	WHITBY, ONTARIO LIN OH4		
	CANADA		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	122 JAMES GOVAN DR		
	WHITBY, ONTARIO LIN OH4		
	CANADA		
P. If amending the registered agent and/or registered office a new registered agent and/or the new registered office address and agent and/or the new registered office address agent. Name of New Registered Agent:	ddress in Florida, enter the name of the ess:	2023 JAN SECRETA	
New Registered Office Address:	(Florida street address)	The PR	
	, Florida		
((Zip (Code) 📇 💫	
ew Registered Agent's Signature, if changing Registered Ag	ent: ar with and accept the obligations of the p		

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 X_Remove X_Add	PT John Do V Mike Jo SV Sally Sr	ones en	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>PT</u>	LISA SANCHEZ	122 JAMES GOVAN DR WHITBY, ONTARIO LIN OH4
Remove			CANADA
2) Change Add	VP	MIGUEL SANCHEZ	122 JAMES GOVAN DR WHITBY, ONTARIO LIN OH4
X Remove 3) Change Add X Remove	PD	JOHN D MORAN	9367 VIA SAN GIOVANI FORT MYERS, FL 33905
4) Change Add	VPSD	TRENA MORAN	9367 VIA SAN GIOVANI FORT MYERS, FL 33905
Remove 5) Change Add	D	J. DUANE MEEKS	6539 SPRING MEADOW DR GREENACRES, FL 33413
× Remove δ) Change Add	D	JANICE MEEKS	6539 SPRING MEADOW DR GREENACRES, FL 33413
E. If amending or adding (attach additional shee		cles, enter change(s) here: (Be specific)	

				
				
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		-		
The date of each amendment(s) adoption: _date this document was signed.	01/01/2023		<u>,</u>	, if other than the
Effective date if applicable:				
(no	more than 90 days after o	amendment file date)		
Note: If the date inserted in this block does n document's effective date on the Department	of State's records.	tutory filing requirement	s, this date will not b	e listed as the

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
Dated _			
Signature			
	LISA SANCHEZ		
	(Typed or printed name of person signing)		
	(Title of according to a control)		
	(Title of person signing)		