J81961

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COVER LETTER

TANA SHOW TO: Amendment Section Division of Corporations NAME OF CORPORATION: Lightning Master Corporation DOCUMENT NUMBER: 181961 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Avram Saunders Name of Contact Person Lightning Master Corporation Firm/ Company 2100 Palemtto Street, Unit A Address Clearwater, FL, 33765 City/ State and Zip Code asaunders@lightningmaster.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Avram Saunders at (727) 333-7311

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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 Articles of Incorporation of

Lightning Master Corporation

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
J81961	ر من المناسبة
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
5 16 1 1 1 1 1 1 1 1 1 1	
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office addresses.	
N/A	_
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(CA))
New Registered Agent's Signature, if changing Registered Agen	nt <u>:</u>
l hereby accept the appointment as registered agent. I am familian	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)

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 Doc. PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	2 Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) X Change	CCEOS	Bruce Kaiser	2100 Palmetto Street
Add			Unit A
Remove			Clearwater, Fl. 33765
2) Change	DPTCO 6	Avram Saunders	2100 Palmetto Street
XAdd			Unit A
Remove			Clearwater, FL 33765
3) Change	PDT	Dave Hanson	820 Woodside Avenue
Add			Clearwater, FL 33765
X Remove			
4) Change		-	
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N/A				
	-			
F. 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				
				
	·			
.				

12/22/16	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
12/22/16 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 document's effective date on the Department of State's records.	not be listed as the
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 cast 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.	
Dated	
(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)	
AVRAM SAUNDERS (Typed or printed name of person signing)	
PRESIDENT + COO, DIRECTOR (Title of person signing)	