Florida Department of State Division of Chaptoradons Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate anoth	ner cover sheet.		119 APR
To:		·	7-17-1 3-17-1	
10.	Division of Corporations		F. St.	29
	Fax Number : (850)617-638	80	(A)	 ا حد
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From:			11100	Ö,
	Account Name : AT PLUS COR	Р	근걸	AH 10: 18
	Account Number : I2014000006		[11]	Q.
	Phone : (305)406-38			
	Fax Number : (305)406-39	99		
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annua.	Address: R AMND/RESTATE/CORRI RAYITO DE LUZ	e email address ECT OR O/D I	please.**	S TALL
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations

•	:	
RAYITO DE LUZ		
NAME OF CORPORATION:	<u> </u>	
N09000002361	:	
DOCUMENT NUMBER:	<u>:</u>	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
STĘPHANIE MARTINEZ	: 	
	(Name of Contact Person)	
ATPLUS CORP	•	
	(Firm/ Company)	
8180 NW 36 ST SUITE 406	:	
	(Address)	
•	, ,	
DORAL FL 33166	1	
	(City/ State and Zip Code	(2)
•	-	•
ATPLUS@LIVE.COM		
E-mail address: (to be u	sed for future annual report of	otification)
For further information concerning this matter, ples	ase call:	
		305-406-3800
STEPHANIE MARTINEZ	at	
(Name of Contact Per	son) (Ar	ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	: e payable to the Florida Depa	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee	A: □\$43.75 Filing Fee &	□\$52.50 Filing Fee
Certificate of Stat	cus Certified Copy	Certificate of Status
<i>3</i>	(Additional copy is	Certified Copy
·	. enclosed)	(Additional Copy is Enclosed)
Mailing Address	. Street	Address
Amendmeni Section		dment Section
Division of Corporations		on of Corporations 1 Building
P.O. Box 6327 Tallahassee, FL 32314		Exocutive Center Circle
(anadassee, fl 343)**	+	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

RAYITO DE LUZ CORP	<u> </u>		
(Name of Corporation 2	is currently filed with t	the Florida Dept. of State)	
N09000002361			
· (Docume	ent Number of Corporati	ion (if known)	
Pursuant to the provisions of section 617.1006, Flori	Ja Seennas, this Elasida	Not For Profit Cornoration adopts the following	
Pursuant to the provisions of section 617,1006, From amendment(s) to its Articles of Incorporation:	Ga Statutes, this Fromit	110110111014 CO.po. 211011 accept 21 11101	
A. If amending name, enter the new name of the	corporation:		
• *	·	The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "inco	rporated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applical	<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)	SECRE	
	:		5
		- 2 2	ec:25
C. B	·	عَنْ اللَّهِ	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	:07	1
11.22	•	一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一	٤
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		<u> </u>	
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address in	Florida, enter the name of the	
new registered agent and/or the new register	En Giffee addites.		
Name of New Registered Agent:	<u>!</u>		
		(Florida street address)	
New Registered Office Address:			
•		, Florida	
•	(City)	(Zip Code)	
<i>*</i>			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: er - Lam familiar with a	nd accept the obligations of the position.	
I nereoy accept the appointment as rugistered ager	·	······································	
	Signature of A	Yew Registered Agent, if changing	
	aignature of t	ten negawa es ngem, y erenging	

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H190001283843

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	$\overline{\mathbf{v}}$	ohn Doe fike Jones ally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
. • Change	VP	YENDER X	avier Russian	11408 SW 254TH ST
X Add				HOMESTEAD FL 33032
Remove		!		
2) Change				
Add		· :		
Remove		!		
3) Change		<u></u>		
Add		· · ·		
Remove		: :		
4) Change				
Add Remove				
		•		
5) Change		·		
Remove		· · !		
A) Changa				
Change Add				
Remove		:	Page 2 of 4	

If amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)	
-	:	
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The date of each amendment(s) adopti	on:, if other than the
date this document was signed.	•
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block d document's effective date on the Department	oes not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
Signature (By the chairmal have not been s	n of vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the bands of a receiver, trustee, or ointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	:
PRESIDEN	TT :
	(Title of person signing)