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(Ad	dress)		
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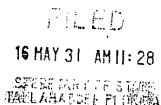
TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: _	LIGHTS IN THE DE	SERT, CORP			
	00002028	,	•		
DOCUMENT NUMBER:					
The enclosed Articles of Amendm	ent and fee are submit	ted for filing.			
Please return all correspondence c	oncerning this matter t	o the following:			
STEVEN MARA					
	4)	lame of Contact Pers	ion)		
6 LIGHTS IN THE DESERT, CO	RP				
		(Firm/ Company)	<del></del>		<del>`</del>
1103 NORTH OAKRIDGE CIRC	LE,				
		(Address)			
LANTANA, FL 33462					
	(C	ity/ State and Zip Co	ode)	•	
info@6lightsinthedesert.com					
E-mail	address: (to be used for	r future annual repor	t notification	)	
For further information concerning	this matter, please ca	II:			
STEVEN MARA			561.596.6274		
(Nam	e of Contact Person)	at	Area Code)	(Daytime Telephone Numb	er)
Enclosed is a check for the following	ng amount made paya	ble to the Florida De	partment of S	tate:	
		\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Addres	<b>S</b>	Stree	et 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 to Articles of Incorporation of



6 LIGHTS IN THE DESERT, CORP

		manufacture of manufacture of Control Manufacture of the Control Manufactur
	n as currently filed with the Fl	orida Dept. of State)
N16000002028	•	·
(Docu	ment Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the name		ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	able: ADDRESS )	<del> </del>
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
D. If amount is a should be a		
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		a, enter the name of the
Name of New Registered Agent:	RICHARD DELISE	
	6326 SOUTH FICUS LANE	
	(Florida street address)	
New Registered Office Address:		22462
	LANTANA	33462 , Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accep	of the obligations of the position.
	Richard o	Delise
~	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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TRES	JAMES MARA	346 CONCORD STREET
Add			ORADELL, NJ 07649
X Remove			
2) Change	ST	BRETT DeHAVEN	4368 SUSSEX AVE
X Add			LAKE WORTH, FL 33461
Remove			
3) Change	<del></del>	<u></u>	
Add			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Remove			
4) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
5) Change			,
Add			,
Remove			
0 0			
6) Change	-		
Add			

		N/A	
	date of each amendment(s) adopt this document was signed. N/A	ion:	_, if other than the
Effe	ective date if applicable:		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block dument's effective date on the Depart	loes not meet the applicable statutory filing requirements, this date will not be ment of State's records.	e listed as the
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	
	05.23.16 Dated	<del></del>	
	Signature (By the chairman	or vice chairman of the board, president or other officer-if directors	: -
	have not been se	elected, by an incorporator — if in the hands of a receiver, trustee, or sinted fiduciary by that fiduciary)	
	STEVEN MA	ARA	
	<del></del>	(Typed or printed name of person signing)	
	PRESIDENT		
		(Title of person signing)	