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PICK-UP	MAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LIGHTMAKER U	JSA INC	
DOCUMENT NUM	IBER: P05000156172		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	GEORGE ANGER		
		Name of Contact Person	
	LIGHTMAKER USA INC		
		Firm/ Company	
	6881 KINGSPOINTE PARK	•	
		Address	
	ORLANDO, FLORIDA, 328	819	
		City/ State and Zip Code	2
GEO	DRGE.ANGER@LIGHTMAK	ER COM	
	<u>-</u>	sed for future annual report	notitication)
		u	
For further information	on concerning this matter, pleas	se can:	
GEORGE ANGER		at (at (615015
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fce & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee FL 32314			xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

L.	1GH	TM.	AΚ	FR	USA	INC

(Name of Corporation as	currently filed with the Florid	a Dept. of State)	
P05000156172			
(Document N	lumber of Corporation (if known	1)	
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	ates, this Florida Profit Corpora	ation adopts the following	g amendment
A. If amending name, enter the new name of the corpora	ntion:		
			The new
name must be distinguishable and contain the word "co Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbrev	ic," or "Co". A professional c		
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>		
		The state of the s	17
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			
			f.
		S	21
. If amending the registered agent and/or registered off new registered agent and/or the new registered office		he name of the	
Name of New Registered Agent			
	 		•
	lorida street address)		
New Registered Office Address:		. Florida	
ivew negmered Office Address.	(City)	Zip C	Code)
	(City)	(Zip C	Code)
New Registered Agent's Signature, if changing Registered	d Agent:		
hereby accept the appointment as registered agent. I am fo		gations of the position.	
	of New Registered Agent, if char	naina	

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.

X Change	<u>PT</u> <u>Jol</u>	nn Doc	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	D	JAMES LAVER	5418 Split Pine Ct
Add			Orlando
X Remove			FLORIDA 32819
2) Change	D	KELLI PRIETO	6550 Golden Dewdrop Trail
Add			Windermere
X Remove			Florida 34786
3)Change	D	CATILLEEN AYALA	14134 Sunriver Avenue
Add	 		Orlando
X Remove			Florida 32828
4) Change	D	SCOTT PRIETO	6550 Golden Dewdrop Trail
Add			Windermere
X Remove			Florida 34786
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

	8th May 2017	
The date of each amendmen		, if other than the
date this document was signed		
Effective date if applicable:	8th May 2017	
Elective date ir applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	ı
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	nt
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	-2
21st.	J.P. B.	L'
Signature		
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court profinted fiduciary by that fiduciary)	
	ADRIAN BARRETT	
	(Typed or printed name of person signing)	
	CHAIRMAN	
	(Title of person signing)	