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2009 APR IS PH 12: 09
SECRETARY OF STATE

4/16/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Orlando LCD Inc.	
DOCUMENT NUMBER: P 0 9 00 00 0 33 45	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Areane Cardenas (Nome of Control Person)	_
Orlando LCD Inc (Firm/Company)	_
2744 S. Orange Blossom Trail	-
Orlando, FL 32805 (City/ State and Zip Code)	
For further information concerning this matter, please call:	
Areane Cardenas at (352) 551-79 (Name of Contact Person) (Area Code & Daytime Telephone	F80 Number)
Enclosed is a check for the following amount made payable to the Florida Department o	f State:
Certificate of Status Certified Copy Cer (Additional copy is Cer enclosed) (Ad	.50 Filing Fee tificate of Status tified Copy Iditional Copy enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

FILED

Articles of Incorporation

2009 APR 15 PM 12: 09

Orlando LCD Inc

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000003345

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

nc.," or Co.," or the designation "	Corp," "Inc." or
BOX)	
	er the name of th
	
(Florida street address)	_
(Cim)	_, Florida (Zip Code)
	contain the word "corporation." nc" or Co.," or the designation " must contain the word "chartered able: 4DDRESS) istered office address in Florida, ent red office address: (Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
Pres	Areane Cardenas	12417 Holly Jane Ct Orlando, Fl 32824	Add Remove
Pres	Walter Cardenas	12417 Holly Jone CT Orlands, A 32824	Add Remove
V.P	Dion O. Cox	15943 Old Hay 50 Clernont, Pl 3>824	Add Remove
	ling or adding additional Articles, enter lditional sheets, if necessary).— (Be speci,		
provisio	nendment provides for an exchange, recons for implementing the amendment if ot applicable, indicate N/A)		
	 		

The date of each amendment(s) adoption: 4-9-09 Effective date if applicable:				
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.			
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):			
"The number of votes east f	for the amendment(s) was/were sufficient for approval			
by	ing group)			
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder			
Dated L	11/19/11			
selected,	by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that tiduciary)			
	Walter Cardenas (Typed or printed name of person signing)			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			