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SECRÉTARY OF STATE
TALLAHASSEE, FLORIÐI

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Amend

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	RDM Lighting & Maintenance, Inc.
DOCUMENT NUMBER:	P0900066054
The enclosed Articles of Amendme	nt and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
	Richard D. Maxfield
	Name of Contact Person
RDI	M Lighting & Maintenance, Inc.
	Firm/ Company
	13690 S.W. 36 Court
	Address
	Davie, Florida 33330
· 	City/ State and Zip Code
	burtoncopa@aol.com
E-mail addr	ess: (to be used for future annual report notification)
For further information concerning	this matter, please call:
Andre S. Burton, CPA	954 961-1040
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filin Certificate of	
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

<u> </u>			
.*.	Articles of Amendment		n A
	to		A CONTRACTOR OF THE PARTY OF TH
	Articles of Incorporation of		ALEGA SA
RDM Lighting & Maint			ANTERIA SECONS PARELY
(Name of Corporation as curre	ently filed with the Florida I	Dept. of State)	
P09000066054			Option
	nber of Corporation (if known	1)	· ************************************
rsuant to the provisions of section 607.1000 tendment(s) to its Articles of Incorporation: If amending name, enter the new name of		ida Profit Corporati	on adopts the following
	rene corporation.		
Enter new principal office address, if app Principal office address MUST BE A STREE . Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	olicable: ET ADDRESS) EL CE BOX		
If amending the registered agent and/or new registered agent and/or the new regi		lorida, enter the na	me of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ada	tress)	
		, Florida	a
	(City)	(Zip Code)	· -
ew Registered Agent's Signature, if changing the ereby accept the appointment as registered as		l accept the obligation	ns of the position.
	Signature of New Registered A	laent 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>	<u>Name</u>	Address	Type of Action
TD	Luis Ruiz	11821 NW 34 Place Sunrise, FL 33323	_ 💆 Add _ 🛭 Remove
			_
			Add Remove
	ending or adding additional Articles in additional sheets, if necessary). (B		
prov	amendment provides for an exchan isions for implementing the amendn if not applicable, indicate N/A)	ge, reclassification, or cancellation of interest in the amendment	ssued shares, itself:
		`	

The date of each amendment(s	adoption: 10/28/2009			
Effective date if applicable:	(date of adoption is required)			
(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.			
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):			
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval			
by	**			
((voting group)			
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder			
Dated10/	28/2009			
Signature	island D. May Qield			
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)			
	Richard D. Maxfield			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			