PM0000153a

(D.	questor's Name)	
(Re	questors Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
	ısiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER .

TO:	Amendment Section
	Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: LIGHTNING DOCUMENT NUMBER: P09000067532		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
MAURICIO MORA	AES	
	Name of Contact Person	1
LIGHTNING CAR	RIER INC	
	Firm/ Company	
22453 SW 66th A	VE # 114	
	Address	
BOCA RATON, F	L 33428	
	City/ State and Zip Code	
E-mail address: (to be use For further information concerning this matter, please	ed for future annual report	notification)
MAURICIO MORAES	at (561	541 - 3081
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	ertment of State:
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

1	IGH ₁	LNIN	JG	CAL	RRI	FR	INC
	. 1 () 1	i i vi i i	v				11111

(Name of Green district)	_	
P09000067532	s currently filed with the Florida Dept. of State)	
	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fol	. lowing amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	tain the word "corporation," "company," or "incorporated" or eation "Corp," "Inc," or "Co". A professional corporation name tion," or the abbreviation "P.A."	the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new registere	ad/or registered office address in Florida, enter the name of the	13 SEP -9 PH 4: 01 SECRETARY OF STATE JACLAHASSEE, FLORIDA
	MARCELLO MORAES	EFFOR
Name of New Registered Agent	5888 Wind Drift Ln	
	(Florida street address)	
New Registered Office Address:	Boca Raton , Florida FL	
	(City) (Zip Coo	le)
New Registered Agent's Signature, if c	hanging Registered Agent:	
Thereby accept the appointment as regist	ered agent. I am/familiar with and accept the obligations of the posi	tion.
Si	gnature 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 <math>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> Joh	nn Doe	
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>	Name	<u>Addres</u> s
l) Change	Р	Mauricio Moraes	22453 SW 66th AVE # 114
Add			Boca Raton,FL 33428
X Remove			
2) Change	VP	Marivaldo Moraes	22453 SW 66th Ave # 114
Add			Boca Raton, FL 33428
X Remove			
3) Change	<u>P</u>	Marcello Moraes	5888 Wind Drift Ln
X _ Add			Boca Raton, FL 33433
Remove			
4) Change	VP	Gabriela B De Moraes Verbel	5888 Wind Drift Ln
X_{Add}			Boca Raton, FL 33433
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach addition	r adding additional Art nal sheets, if necessary).	(Be specific)	_ 		
		<u></u>			
			···		
					
		<u> </u>			
					
				 	
f an amendm	ent provides for an exc	hanga raclassifi	cation or cancel	llation of issue	l charge
provisions fo	r implementing the am	endment if not c	ontained in the a	mendment itse	elf:
(if not ap	plicable, indicate N/A)				
					
<u></u>					
					
					
 -					
					·

The date of each amendmen	t(s) adoption: 08/28/2013	, if other than the
date this document was signed Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
☐ The amendment(s) was/we must be separately provid	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated	18/31/13	
Signatura	Name	
Signature _	By a director, president or other officer – if directors or officers have not been	
5	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	MAURICIO MORARS	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	