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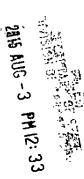
(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Corporate Excellence Consulting Inc.							
DOCUMENT NUMBER: P09000078034							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this	matter to the following:						
Dominick Falso							
	Name of Contact Person						
Corporate Excellence Cor	nsulting Inc.						
	Firm/ Company						
5405 NW 102 ave Suite 2	• /						
	Address						
Sunrise Florida 33351							
	City/ State and Zip Code						
dominick@dmdlighting.com							
	e used for future annual report notification)						
`	,						
For further information concerning this matter, p	elease call:						
Dominick Falso	at (954) 464-9933 Area Code & Daytime Telephone Number						
Name of Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:							
■ \$35 Filing Fee Certificate of Statu							
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 Articles of Incorporation

of Corporate Excellence Consulting Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P09000078034 (Document Number of Corporation (if known)

me of the corporation	<u>•</u>	
		The ne
ation "Corp," "Inc," o	or "Co". A professiona	"incorporated" or the abbreviatio l corporation name must contain th
if applicable: TREET ADDRESS)	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AUG
		رن د
	 	
	. dd in Flouida onto	r the name <u>of the</u>
d/or registered office	address in Fiorida, ente	
d/or registered office a v registered office add	ress:	
d/or registered office add v registered office add Dominick Falso	ress:	
v registered office add	ress:	
v registered office add Dominick Falso 5405 NW 102 Ave #2	ress:	
v registered office add Dominick Falso 5405 NW 102 Ave #2	ress: 09	Florida 33351
	ain the word "corpor ation "Corp," "Inc," o tion," or the abbreviation if applicable: TREET ADDRESS)	ain the word "corporation," "company," or ation "Corp," "Inc," or "Co". A professionation," or the abbreviation "P.A." If applicable: TREET ADDRESS) cable: N/A

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P,D	Cortney Talley	5405 NW 102 Ave
Add			Sunrise Fl. 33351
x Remove			
2) Change	P. D.	Steven Zoyes	5405 NW 102 Ave
Add			Sunrise Fl. 33351
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If ar</u> (Atta	mending or adding additional Articles, enter change(s) here: such additional sheets, if necessary). (Be specific)
V/A	to dualitorial sheets, if necessary). (be specific)
·····	
. <u>If a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A	(y not applicable, indicate NA)
V/A	

	May 1st, 2015	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•	
mee at 1 and 10 and	May 1st, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this date we Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
07/27/	2015	
Dated	5015	
Signature		
	y a director, president or other officer – if directors or officers have not been	
	ected, by an incorporator - if in the hands of a receiver, trustee, or other court	
ap	pointed fiduciary by that fiduciary)	
	Steven Zoyes	
	(Typed or printed name of person signing)	
	President, Director	
	(Title of person signing)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,