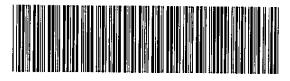
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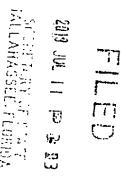
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TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Division of Corporations NAME OF CORPORATION: USA Low Voltage Products, Inc. DOCUMENT NUMBER: P10000006191 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Roland D. Waller Name of Contact Person Law Office of Roland D. Waller Firm/ Company 5332 Main Street Address New Port Richey, FL 34652 City/ State and Zip Code tyler.keena@rdwaller.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tyler Keena at (727) 836-8520
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

Articles of Amendment to Articles of Incorporation of

USA Low Voltage Products, Inc.			FILES
(Name	of Corporation as currently t	iled with the Florida D	ept. of State)
P10000006191			
4	(Document Number of C	Corporation (if known)	113 UE P 3: 23
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Flo	orida Profit Corporatioù	adonts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "Co	". A professional corpo	rporated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)			
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office address w registered office address:	s in Florida, enter the n	ame of the
Name of New Registered Agent	Robert Mangone		
	(Florida street	address)	
New Registered Office Address:	8348 Little Road, #310. New Port Richey		34654
New Registered Office Hadress.	(Ci	(ty)	, Florida
New Registered Agent's Signature, if c I hereby accept the appointment as regist		h and accept the obligation	ons of the position.
	Robil & Man Signature of New Regi	more Sh Esteryd 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.

Example: X Change	<u>PT</u> John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
<u>X</u> Add	<u>SV</u> <u>Salt</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V.T	Teresa W. Mangone	8348 Little Road, #310
Add X Remove			New Port Richey, FL 34654
2) Change	P.V.S,T	Robert Mangone	8348 Liule Road, #310
XAdd			New Port Richey, FL 34654
Remove			_
3) Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)				
					
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		<u> </u>			
f an amendment provides for an excl	hange, reclassificati	on, or cancellati	on of issued sha	res.	
provisions for implementing the ame	endment if not conta	ained in the ame	ndment itself:		
mom we implementing the ame					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)				-	
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(if not applicable, indicate N/A)					
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(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					-

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date voartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appropriate the separately provided for a	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	sted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	sted by the incorporators without shareholder action and shareholder	
Dated		
Signature	+ Robert & Mangen Si-	
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
E	Robert Mangone	
-	(Typed or printed name of person signing)	
Ī	President	
-	(Title of person signing)	