P10000022252

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13 JUL 16 PH 4: 36
SECRETARY OF STATE

JUL 1 8 2013 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: M USA LIGHTING CORP						
DOCUMENT NUMBER: P100000 22752						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
RAFAEL MONTIEL Name of Contact Person						
Name of Contact Person						
MUSA LIGHTING CORP Firm/ Company						
Firm/ Company						
8300 NW 68th St.						
Address						
Address MIAHI FL 33166 City/ State and Zip Code						
City/ State and Zip Code						
SILVIA M @ MOSANCAUSA, COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
SILVIA MONTIEL at (954) 415-3474 Name of Contact Person 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 Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy						

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

is enclosed)

Articles of Amendment Articles of Incorporation

FILED 13 JUL 16 PM 4: 36

M USA LIGHTING CORP

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

D1000000000000000

ment(s) to

(Document Number of Con	
`	utes, this Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corpo	ation:
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," ". word "chartered," "professional association," or the abb	The new orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	14099 NW 8th ST.
	14099 NW 8th ST. SUNRISE, FL 33323
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
	, Florida, (City) (Zip Code)
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I an	jamiliar with and accept the obligations of the position.
Signature of New R	egistered 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	PT Joh	nn Doc	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	SV Sal	Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DV	MONTIEL, RUBEN	8300 NW 68 ST.
X Remove			MIAHI, FL 33166
2) Change	DV	MONTIEL, LUIS	8300 NW 68 St
Add Remove			
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
If an amandment arouides for an auch	have realessification or cancellation of issued shares
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	

The date of each amendment(s) adoption	7- <i>10-1</i> 3	FILED 13 JUL 16 PM 4: 38 endment file date) SECRETARY
Effective date if applicable:	7-15-13	13 JUL 16 PM 1.
	(no more than 90 days after am	endment file date) SECRETARY OF STATE
Adoption of Amendment(s)	(CHECK ONE)	13 JUL 16 PM 4: 38 endment file date) SECRETARY OF STATE TALLAHASSEE. FLORIDA
The amendment(s) was/were adopted by by the shareholders was/were sufficient		es east for the amendment(s)
☐ The amendment(s) was/were approved to must be separately provided for each verification.		
	amendment(s) was/were sufficient for	•••
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.		
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder	action and shareholder
Dated 7-10-	13	
Signature	1 July in	
	president or other officer - if directors	
selected, by ar appointed fidu	n incorporator – if in the hands of a rec iciary by <u>mat fiduciary)</u>	eiver, trustee, or other court
	RAFAEL HONTIEL	
	(Typed or printed name of person	signing)
	PRESIDENT	
	(Title of person signing)	