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DIVISION OF CORPORATIONS

JUL 27 2016

C LEWIS

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: MUSA LIGHTING CORD

DOCUMENT NUMBER: P100000 22252 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SILUIA MONTTEL

Name of Contact Person M USA LIGHTING CORP

Firm/ Company

14099 NW 8Th ST.

Address

SUNRISE FL 33323

City/ State and Zip Code SILUIA M & MUSALIGHTING, COM-E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SILVIA MONTEC at 954 415-3474

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

\$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation

FILLED SEORETARY OF STATE DIVISION OF CORPORATIONS

M USA LIGHTING COLD

2016 JUL 18 PM 2: 18

NO USA LIGHTING	'a COLT
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P100000 222 5	7
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must he distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	7207-B NCOMBLERCE
(2 morph office and east <u>most best of the state of the s</u>	TORKWHY
	WESTON, Pe 33326
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u> </u>
Name of New Registered Agent	
	street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent. I am familia	
Signature of New	v 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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Khange	PD	RAFAEL MOUTIEL	2209-B NORTH COMMERCE
Add			PARKWAY
Remove			WESPON, FL 33326
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessa	l Articles, enter change(s) here: ary). (Be specific)
·· -	
	· · · · · · · · · · · · · · · · · · ·
provisions for implementing the	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not applicable, indicate N/	'A)

The date of each amendment(s) adoption: _	7-11-2016	, if other than the
date this document was signed.	7-25-2016	CILLU SECRETARY OF STATE NVISION OF CORPORATION
Effective date <u>if applicable</u> :	•	
	(no more than 90 days after amendment file date	2016 JUL 18 PM 2: 18
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the am approval.	endment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	oting group)	
(ve	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and s	hareholder
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and share	holder
Dated	/	
Signature	James Dur.	
	esident of other afficer — if directors or officers have corporator — if in the hands of a receiver, trustee, or	
	ry by that fiduciary)	Strict Court
	RAFAEE MONTER	
	(Typed or printed name of person signing)	
	PRESIDENT	
 -	(Title of person signing)	<u></u>