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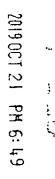
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COVER LETTER

TO: Amendment Sec Division of Cor					
NAME OF CORPO	PRATION: American Estate S	ervices, Inc.			
	IBER: P11000039096				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following.			
	Diane Castro				
		Name of Contact Person	n		
	American Estate Services, Inc.				
	Firm/ Company				
	6032 Sunberry Cir				
		Address			
	Boynton Beach, FL 33437				
		City/ State and Zip Cod	e		
coas	stalillumination@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call;			
Diane Castro		at (586-2538		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 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

Street Address
Amendment Section

Division of Corporations

Clifton Building

Articles of Amendment to Articles of Incorporation

of American Estate Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P11000039096 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Coastal Illumination, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co., " or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) N/A New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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; CEO = 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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

E. <u>If amending</u> (Attach <i>addi</i>	g or adding additional A	Articles, enter change (b) (Be specific)	e(s) here:			
N/A		y y year				
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F. If an amen	dment provides for an e	xchange, reclassifica	tion, or cancel	lation of issued s	hares,	
provisions (if not	s for implementing the a applicable, indicate N/A	<u>mendment if not cor</u>)	<u>itained in the a</u>	<u>mendment itsell</u>	<u>:</u>	
N/A	.,,,	,				
					<u>. </u>	 -
						
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	10/10/19	en a a a a
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	0/10/19	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following surfor each voting group entitled to vote separately on the amendment(s).	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by N/A	9	
<u> </u>	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sharehold	ег
10/10/19		
Dated		
0.	Jui hatro	
Signature	a director president or other officer – if directors or officers have not	neen
` 	ted, by an incorporator – if in the hands of a receiver, trustee, or other	
	inted fiduciary by that fiduciary)	
	Luis Castro	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	