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COVER LETTER

Division of Corporations NAME OF CORPORATION The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company MGGMLALAGG @ YAITOO · COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 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)

Mailing Address

TO: Amendment Section

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 to Articles of Incorporation

of

ADVANCED LIGHTIN	19 SYSTEMS	INC	75 TO 1
(Name of Corporation as currently	y filed with the Florida D	ept. of State)	2
P1200	000554	+4	70 F.
(Document Number	of Corporation (if known)		25
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida I</i>	Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	orp," "Inc," or "Co". A	npany," or "incorporate professional corporation	d" or the abbreviation name must contain the
B. Enter new principal office address, if applical	ble:		
(Principal office address <u>MUST BE A STREET A.</u>	DDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)		
D. If amending the registered agent and/or registered agent and/or the new registered		orida, enter the name of	the
Name of New Registered Agent			
	(Florida street addres	is)	
New Registered Office Address:		. Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen.		accent the obligations of	the position
i nevery accept the appointment as registered agent	i. 1 um jumittur wun una i	accept the outgutions of t	не розиюн.
<u> </u>	CMmu Barintan-1 4 1C	ol oursing	
signature of	New Registered Agent, if o	эпануіпу	

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address of each Officer: (Attach additional sheets, Please note the officer/div P = President; V = Vice . Executive Officer; CFO . held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove Example:	and/or Director I if necessary) rector title by the President; T= Tro = Chief Financia or, Director would in the following i wes the corporatio or, and Sally Smith,	neing added: first letter of the office title: casurer; S= Secretary; D= Director; TR= Tr l Officer. If an officer/director holds more to be PTD. nanner. Currently John Doe is listed as the I on, Sally Smith is named the V and S. These s SV as an Add.	rustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	PT John D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	9887 2 17
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address 25
Change Add Remove	VP	Michel PALACIOS	13020 INDIM Hills LN Charlotte, NC 28278
2) Change Add Remove	<u>CF</u> 0	MARIA PALACIOS	Charlotte, NC 28278
Change Add Remove	<u>CE</u> O	ALEJANDRO GUTIERRE	2 12330 NW 55 ST COLAL Springs, FL 33076
4) Change Add Remove	<u>COO</u>	Nei DA Gutierrez	12330 NW 55 ST CORAL Springs, FL 33076
5) Change Add Remove	DIR	OSCAR A. GutiERLE	2 12330 NW 55 ST Colal Springs, FL 3307
6) Change			

Add

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ttach additional sheets, if necessary). (Be specific)		LEC .SI
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	<u>f issued shares,</u>	
an amendment provides for an exchange, reclassification, or cancellation of	ant itself:	
provisions for implementing the amendment if not contained in the amendment	ent nacii.	
an amendment provides for an exchange, reclassification, or cancellation of provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	ent nocu.	
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provisions for implementing the amendment if not contained in the amendment if not applicable, indicate N/A)	·	

The date of each amendment(s) adoption: 240044 $4,2014$ date this document was signed.	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	F T
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	72
"The number of votes cast for the amendment(s) was/were sufficient for approval	PH 4: 2:
by	U I
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	·
Dated 9614 Signature 9614	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
USCAR E. GULIERREZ	
(Typed or printed name of person signing)	
President	
(Title of person signing)	