P12000013983

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	<u> </u>
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

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Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code For further information concerning this matter, please call: Area Code & Daytime Telephone Number 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 Certificate of Status Certified Copy (Additional copy is Certified Copy

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation

	of	
Mu-lux chanina Sorvices	Cop.	
(Name of Corporation as currently filed with the	e Florida Dept. of State)	
41200043983		
(Document Number of Corporation	ı (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following an	nendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must cont	viation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	*	TO SE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address		26 PH E: 45
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, Florida	
(Ci	ity) (Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	or with and accept the obligations of the position.	
Signature of New Registere	d 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 = Trustce; 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.

	c, and Sa	ally Smith, SV as an Add.	
Example: X Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title		Address 15 C + C + C + C + C + C + C + C + C + C
1) Change Add Remove		D Khadijan Velare	hole Lewis Griffin Roa Lake wates 7133898
2) Change Add			
Remove 3)ChangeAdd			
Remove 4)ChangeAddRemove			
5) Change Add	<u></u>		
Remove 6) Change Add			
Remove			

(Attach additio	r adding additional Ar nal sheets, if necessary)	. (Be specifie)			
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n .er :er :er .er .er .er .er				,		
. If an amendu	ent provides for an exc	change, reclass	ification, or ca	ncellation of is	sued shares.	
provisions fo	r implementing the am	endment if no	t contained in t	the amendment	itself:	
(if not ap	plicable, indicate N/A)					
						
				. 		

The date of each amendment(s) adoption: Sept. 19 8018
Effective date if applicable: Sept. 19, 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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.
☐ 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):
"The number of votes east for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ 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 Sept 19, 2012
Signande
(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)
(Typed or printed name of person signing)
Madyn Belatte Prosident Pivector