P12000087350

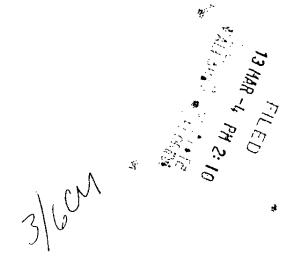
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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Certified Copies	Certificates	e of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: LAMPARA BER: P1200008735		INC
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JUAN AGUERA		
		Name of Contact Person	1
	LAMPARAS DIS	TINLAMP INC	
		Firm/ Company	
	7245 NW 44 ST		
		Address	
	MIAMI, FL 33166	3	
		City/ State and Zip Cod-	2
		·	
For further information	E-mail address: (to be used)	sed for future annual report	notification)
JUAN AGUE	RA	_{at (} 786	212-7698
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or 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)
Ma	iling Address	Street	Address
Am	endment Section	Amendment Section	
	rision of Corporations	Division of Corporations	
), Box 6327 Jahassee, FL 32314		Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LAMPARAS DISTINLAMP INC.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P12000087350	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	The state
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2 2 0
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ess in Florida, enter the name of the
(Florida stre	et address)
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered A	,

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	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	VERONICA AGUERA	7245 NW 44 ST
Add			MIAMI, FL 33166
X Remove			
2) Change	Т	PAULINA CEBALLOS	7245 NW 44 ST
Add			MIAMI, FL 33166
X Remove			
3) Change	D	FERNANDO AGUERA	7245 NW 44 ST
Add			MIAMI, FL 33166
X Remove			
4) Change	D	VERONICA TROCONIS	7245 NW 44 ST
Add			MIAMI, FL 33166
X Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

	icles, enter change(s (Be specific)	_ _	
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	- 11		
an amendment provides for an exch	ange, reclassification	n, or cancellation of	issued shares,
provisions for implementing the ame	nange, reclassification ndment if not conta	on, or cancellation of ined in the amendme	issued shares, nt itself:
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification ndment if not conta	on, or cancellation of ined in the amendme	issued shares, nt itself:
provisions for implementing the ame	nange, reclassification ndment if not conta	on, or cancellation of ined in the amendme	issued shares, nt itself:
provisions for implementing the ame	nange, reclassification number if not conta	on, or cancellation of ined in the amendme	issued shares, nt itself:
provisions for implementing the ame	nange, reclassification	on, or cancellation of ined in the amendme	issued shares, nt itself:
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an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification	on, or cancellation of ined in the amendme	issued shares, int itself:

The date of each amendment(s) adoption: 02/28/13	
Effective date if applicable: 02/28/13	
	days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The reby the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throw must be separately provided for each voting group entitled to voting group entitled group entitle	
"The number of votes cast for the amendment(s) was/were	sufficient for approval
by	.,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors vaction was not required.	vithout shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators witho action was not required.	ut shareholder action and shareholder
Dated 02/28/13	
	r – if directors or officers have not been hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
JUAN AGUERA	
(Typed or printed no	ame of person signing)
PRESIDENT	
(Title of person s	signing)