P1300019719

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(0	ocument Number)
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ANGEL LIGHT,	CORP			
DOCUMENT NUMBI	ER: P13000049279				
	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	atter to the following:			
		MARIA V TORRES			
_	1-11	Name of Contact Person	1		
	TAXPLUS FINANCIAL SERVICES				
-	Firm/ Company				
	259 PARK BLVD				
-		Address			
	!	MIAMI, FL 33026			
-		City/ State and Zip Cod	e		
	TAYDI	USFINANCIAL@ATT.NE	:T		
		sed for future annual report			
	D-man address, (to be u.	sea for fatare annual report	notification;		
For further information	concerning this matter, pleas	se call:			
MARIA V TORRES		at (464-9978		
Name of	Contact Person	Area Code & 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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
	idment Section	Amendment Section			
	ion of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED 2018 SEP LB AM 9:21

ANGEL LIGHT CORP (Name of Corporation as currently filed with the Florida Dept of State) Y CF STATE P13000049279 (Document Number of Corporation (if known)

A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	orp," "Inc," or "Co". A profession	
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL	ble: DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)	
D. If amending the registered agent and/or regist new registered agent and/or the new registere Name of New Registered Agent		er the name of the
	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.		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; 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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	AREANA MOURE	11771 VILLAGE WAY #2403	
X Add	 -		MIRAMAR,FL 33025	
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change			U	
Add				
Remove			* * * * * * * * * * * * * * * * * * *	
6) Change				
Add				
Remove				

(Attach addition	r adding additional Art nal sheets, if necessary).	(Be specific)			
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			<u>.</u> .		
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If an amendme	ent provides for an excl r implementing the ame	nange, reclassificati	ion, or cancellatio	on of issued shares,	
(if not app	plicable, indicate N/A)	nament ii not cont	amed in the amen	iument itsen:	
				-	
					
			·		
.			 		<u>.</u>
					

The date of each amendment(date this document was signed.	s) adoption:	, if other than the
Effective date if applicable:	JULY 1/2018	
enective date <u>it applicable</u> .	(no more than 90 days after amendment fi	ile date)
	his block does not meet the applicable statutory filing requies Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the sufficient for approval.	the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amount	
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and	d shareholder
Dated <u>√</u>	7/23/2018. Adentia Novre.	
Signature (Accented Noure.	
(By sel	a director, president or other officer – if directors or officer ected, by an incorporator – if in the hands of a receiver, trust pointed fiduciary by that fiduciary)	
	AIDEMAR MOURE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·

. . . .