## P/5000064108

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>;</del> #)
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(Do	cument Number)	
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SCORT ACCORDANCE IN COMPANY

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: GENIO LAMP C	ORP.
DOCUMENT NUMBER: P15000064108	
The enclosed Articles of Amendment and fee are si	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
ILEANA NOA	
	Name of Contact Person
CONCORDE LAND TITLE	
<del></del>	Firm/ Company
134 S. DIXIE HIGHWAY,	#110
	Address
HALLANDALE BEACH, F	L 33009
	City/ State and Zip Code
INOA@CONCORDELTS.COM	
	sed for future annual report notification)
For further information concerning this matter, plea	se call:
ILEANA NOA	at ( 305 ) 356-8403
Name of Contact Person	Area Code & Daytime Telephone Number
Englaced is a check for the following amount made	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is cnclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mathing Address 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

FIL	-ED
15 NOV 10	PH 4: 15

GENIO LAMP CORP.

(Name of Corporation as current	ly filed with the Florida Dept. Of StateAr a. ' 3/ ' 's		
P15000064108	Society of Carlo		
	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered." "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	6750 North Andrews Avenue, Suite 200		
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, Florida 33309		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6750 North Andrews Avenue, Suite 200		
•	Fort Lauderdale, Florida 33309		
	Fort Lauderdale, Florida 33309		
D. If amending the registered agent and/or registered office add			
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	ress in Florida, enter the name of the		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres  Name of New Registered Agent	ress in Florida, enter the name of the		
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new registered agent and/or the new registered office addres  Name of New Registered Agent	ress in Florida, enter the name of the s:		

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 Do	<u>oe</u>	
X Remove	Y	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		n=.		
Add				
Remove				= 17 % Resulted
4) Change				
Add		_		7-14-141-107-
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add			···	
Remove				

tach additional sheets. if necessary).	(Be specific)			
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The date of each amendment(s) adoption:
Effective date if applicable:
Effective date if applicable:  (no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 cast for the amendment(s) was/were sufficient for approval
by
(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
(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)
Orso Giordi Locatelli
(Typed or printed name of person signing)
President
(Title of person signing)