P16000017915

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | · #\ |
| | _ | |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| | | |
| (Do | ocument Number) | - |
| Certified Copies | _ Certificates | of Status |
| | | - |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



800296404328

03/10/17--01014--089 **35.00



MAR 1 4 2016

T. LEMIEUX

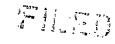
7

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: | AL & RETROFIT SERVIC | ES CORP |
|-------------------------|--|--|--|
| DOCUMENT NUM | D14000017015 | | |
| The enclosed Articles | s of Amendment and fee are sul | bmitted for filing. | |
| Please return all corre | espondence concerning this mat | ter to the following: | |
| | MARIA E MANZANO CAR | BONELL | · |
| | | Name of Contact Person | , ** _ |
| | LED COMMERCIAL & RET | ROFIT SERVICES CORP | |
| | | Firm/ Company | |
| • | 1375 NW 97 AVE BAY 3 | ŧ | |
| | | Address | , |
| | DORAL - FL 33172 | | |
| | 10.1 | City/ State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| DOR | .ACPEREZ@HOTMAIL.COM | 1 | |
| | 40. T | ed for future annual report n | otification) |
| • | ,• | | , . |
| For further informatic | on concerning this matter, please | e call: | |
| MARIA E MANZAN | O CARBONELL | at (| 344-3325 |
| Name | of Contact Person | Area Cod | e & Daytime Telephone Number |
| Enclosed is a check for | or the following amount made p | ayable to the Florida Depar | tment 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) |
| Am Div P.O | iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314 | Amendn Division Clifton E 2661 Ex | ddress / nent Section of Corporations Building. ecutive Center Circle see, FL 32301 |

Articles of Amendment to Articles of Incorporation of



LED COMMERCIAL & RETROFIT SERVICES CORP (Name of Corporation as currently filed with the Florida Dept. of State P16000017915 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: LED COMMERCIAL ELECTRICAL SUPPLY (A Pname must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

| address of each Officer (Attach additional sheets Please note the officer/de P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted | and/or I i, if neces irector tit Presiden = Chief er, Direct I in the fa | Director sary) le by the t; T= Tre Financia or would ollowing r corporation | heing added: first letter of the office title: casurer; S= Secretary; D= Director; TR= l Officer. If an officer/director holds mod be PTD nanner. Currently John Doe is listed as to on, Sally Smith is named the V and S. The | = Tri re th | irector being removed and title, name, and ustee: C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change, |
|---|---|--|--|----------------|--|
| X Change | <u>PT</u> | John D | <u>oe</u> | | |
| X Remove | $\underline{\mathbf{V}}$ | Mike J | ones . | | |
| <u>X</u> Add | <u>sv</u> | <u>Sally S</u> | <u>mith</u> | | |
| Type of Action (Check One) | Title | | <u>Name</u> | | Address |
| 1) Change | | | | | |
| Add | • | - · , | | , | |
| Remove | | | | | |
| | | | | | |
| 2) Change | | | | , | |
| Add | | •• | | | |
| Remove | | | | | |
| 3) Change | | _ | | - | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | | | |
| 4) Change | | _ | | - | , |
| | | | | • | . |
| Remove | | | | | |
| 5) Change | | _ | | _ | |
| Add | | | | - | |
| Remove | | | | | |
| 6) Change | | _ | | _ | |

__ Add

_ Remove

| | additional Article s, if necessary). (| Be specific) | | | |
|--|--|--------------------|--|----------------|--------------|
| | | | | | · |
| | | | | • | |
| | | | | • | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | , |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | , , , | | | | |
| 1 11, | | | | | |
| | | | | | |
| | | - | | | |
| | | | | | |
| | | | | | · |
| | | | | | |
| | | | | | |
| | | | - ,- ,, - , - , - , - , - , - , - , - , | | |
| | | | | | |
| | ides for an evchan | ge reclassificatio | n or cancellation o | ficeuad charac | |
| f an amendment provi | enting the amenda | ment if not contai | ned in the amendm | ent itself: | |
| f an amendment provi provisions for implem | | | | | |
| f an amendment provi provisions for implem (if not applicable. | indicate N/A) | | | | |
| provisions for implem | indicate N/A) | | | | |
| provisions for implem | indicate N/A) | | | | |
| provisions for implem | indicate N/A) | | | | |
| provisions for implem | indicate N/A) | | | | |
| provisions for implem | indicate N/A) | | | | |
| provisions for implem | indicate N/A) | | | | |
| provisions for implem | indicate N/A) | | | | |
| provisions for implem | indicate N/A) | | | | |
| provisions for implem | indicate N/A) | | | | |

| The date of each amendment(s) adoption: date this document was signed. | , if other than the |
|--|---------------------------|
| 02/24/2017 | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. | will not be listed as the |
| 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 | |
| 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. | |
| 02/24/2017 Dated ** • | |
| Signature Man | |
| (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) | |
| MARIA E MANZANO CARBONELL (Typed or printed name of person signing) | |
| Resident. (Title of person signing) | |