P16000044368

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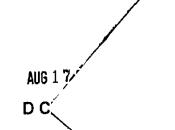


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: AURORA SOLAR	SYSTEMS, INC			_	
DOCUMENT NUMBE	CR: P16000044368				-	
The enclosed Articles of	Amendment and fee are sub	omitted for filing.				
Please return all correspondent	ondence concerning this mat	ter to the followir	ıg:			
V	inod Kulhari					
_		Name of Conta	act Person			
A	Aurora Solar Systems, Inc.			,		
		Firm/ Con	npany			
1	779 N. University Drive, Su	ite 203				
		Addre	SS			
P	embroke Pines, FL 33024				[AE	16
		City/ State and	Zip Code			2
info@o					E A	16 AUG 1
inio@a	urorasolarsystems.com	ad for fivere arm	al warrant w	atification)	_ 52	
	E-mail address: (to be us	ed for future annu	iai report n	omication)	e-end james	P
For further information of	concerning this matter, pleas	e call:				ين ن ن
Vinod Kulhari		at (954	987-6879		
Name of	Contact Person		Area Code	e & Daytime Telephone No	ımber	
Enclosed is a check for t	the following amount made p	payable to the Flo	rida Depart	tment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional co enclosed)	у	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314		Division Clifton I 2661 Ex	nent Section of Corporations		

Articles of Amendment to Articles of Incorporation of

AURORA SOLAR SYSTEMS, INC

	th the Florida Dept. of State)		ame of Corporation as cu P160	1)		
	ion (if known)	Corporation (if kr	_ 			
amendment(s)	Profit Corporation adopts the following	Torida Profit Cor	607.1006, Florida Statutes	Pursuant to the provisions of sections Articles of Incorporation:		
The new			ew name of the corporation	A. If amending name, enter the t		
previation	pany," or "incorporated" or the operation name must	lo". A profession	esignation "Corp," "Inc,"	name must be distinguishable an "Corp.," "Inc.," or Co.," or the word "chartered," "professional a		
	N/A -			• •		
16	N/A ALI			B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		
NG TI	N/A					
2 1	N/A			C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
ب ت	N/A		<u> </u>	(Mulling duaress MAT BE A FOST OFFICE L		
85	N/A					
	orida, enter the name of the	ess in Florida, en		D. If amending the registered ag new registered agent and/or t		
			gent	Name of New Registered .		
		et address)	(Flor			
	, Florida	N/A		New Registered Office Address:		
ае)	(21)	(City)				
A ode)	, Florida	et address) City)	(Floring Registered 2	<u>New Registered Office Ad</u> New Registered Agent's Signatu		

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)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Rory O'Driscoll	l Logue Hill, Harold's Grange Rd
X Add			Dublin 16
Remove			Ireland
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	additional sneets, if	necessary).	(Be specific)			
	N/A					
					 	
	<u> </u>					
			 			
						
				•		
			· · · · · · · · · · · · · · · · · · ·			
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an a	mendment provides	: for an excha	nge reclassificati	an ar concellation		,
an a	mendment provides sions for implement	for an excha	inge, reclassificat dment if not cont	<u>on, or cancellation or cancel</u>	on of issued snares idment itself:	i.
(<i>i</i>	mendment provides sions for implement if not applicable, indi	for an exchaing the amenicate N/A)	ange, reclassificat dment if not cont	ion, or cancellation in the amer	on or issued snares idment itself:	<u>i.</u>
(<i>i</i>	mendment provides sions for implement if not applicable, indi	for an exchaing the amenicate N/A)	ange, reclassificat dment if not cont	ion, or cancellation in the amer	on or issued snares idment itself:	i.
(<i>i</i>	mendment provides sions for implement if not applicable, indi	s for an exchaing the amenicate N/A)	ange, reclassificat dment if not cont	ion, or cancellation	on or issued snares	
(<i>i</i>	mendment provides sions for implement if not applicable, indi	s for an exchaing the amen icate N/A)	ange, reclassificat dment if not cont	ion, or cancellation	on or issued snares	
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an a provi (i	mendment provides sions for implement if not applicable, indi	s for an exchaing the amen	ange, reclassificat	ion, or cancellation	on or issued snares	
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(<i>i</i>	mendment provides sions for implement if not applicable, indi	s for an exchaing the amen	ange, reclassificat	ion, or cancellation	on or issued snares	
(i	mendment provides sions for implement if not applicable, indi	s for an exchaing the amen	ange, reclassificat	ion, or cancellation	on or issued snares	

	06/16/2016	
The date of each amendment(s) a date this document was signed.	doption:	_, if other than the
₹	16/2016	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
action was not required. The amendment(s) was/were add action was not required. Dated Signature (By a consequence)	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder opted by the incorporator — if directors or officers have not been d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) Vinod Kulhari	FILED 16 AUG 17 PH 3: 35
	(Typed or printed name of person signing)	
	CEO/ Director	
	(Title of person signing)	