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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: <u>  LEC UNIVE</u>	ERSAL, INC		
DOCUMENT NUMB	ER: <u>017000317</u>	69		
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
-	Mohamm	Name of Contact Perso	sandi	
_		Firm/ Company		
	5930 8W 24Th	A PLACE # 20	6	
_		Address		
	DAVIE FL.	33314		<b>=</b>
_		City/ State and Zip Cod	c	<u> </u>
	E-mail address: (to be us	khorsandi 6 9 sed for future annual report	mail.com notification)	17 HAY 22 PM 12: 06
For further information	concerning this matter, please	se call:		PN 12: 06
Mahamadrez	a Khorsandi	at ( 3 <b>46</b>		- 06
Name of	Contact Person	Area Co	ode & Daytime Telephone Number	3
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State) IEC UNIVERSAL, INC (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: ERNATIONAL name 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." 5930 SW 24TH PLACE \$ 206 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) DAVIE FL 33314 C. Enter new mailing address, if applicable: 5930 SW 24TH PLACE # 206 (Mailing address MAY BE A POST OFFICE BOX) DAVIE FL 33314 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 adáress) New Registered Office Address: 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

## 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>J</u>	ohn Doe	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	NA	N/A	
Add			
Remove			
2) Change	NA	N/A	
Add			
Remove			
3 ) Change	N/A	NA	
Add			
Remove			
4) Change	N/A_	NIA	
Add	• • •		
Remove			
5) Change	NA	N/A	
Add			
Remove			
6) Change	-WIA	WIA	
Add	<del></del>		
Remove			
n emaye			

Attach additional sheets, if necessary).	(Be specific)
NA	
70//1	
	,
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
•	
NA	
/ · ·	
·	A STATE OF THE PROPERTY OF THE
·	
·	

date this document was signed.	doption:, if other than th
Effective date if applicable:	(no more than 90 days after amendment file date)
, i	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) fficient for approval.
	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)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
	17,2017
Signature	Nohammadreza khorsandi
(By a d	irector, president or other officer – 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)
appoin	ed fiduciary by that fiduciary)
	Mohammadreza Khorsandi
	(Typed or printed name of person signing)
	· +.
	Director
	(Title of person signing)