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TO: Amendment Section
Division of Corporations

16.

NAME OF CORPOR	ATION: LGL Inc.		
DOCUMENT NUMB	ER: P17000051025		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Maureen Butler		
-		Name of Contact Perso	n
	LGL Inc.		
		Firm/ Company	
	PO Box 6354		
-		Address	
	Massena NY 13662		
		City/ State and Zip Cod	e
mbuti	er@laframboise.net		
	~ · · · · · · · · · · · · · · · · · · ·	sed for future annual report	notification)
		•	,
For further information	concerning this matter, pleas	se call:	
Maureen Butler		at (933-6664
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

. Articles of Amendment to Articles of Incorporation of

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Secretary or distributed The Lahassee Formida

LGL Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P17000051025 (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: n/a 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: n/a (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: (City) 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	PT John	<u>Doe</u>			
X Remove	<u>V</u> <u>Mik</u>	Mike Jones			
X Add	SV Sall	y Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	P	Miranda Laframboise	3606 Tangier Terrace		
Add			Sarasota FL 342395823		
X Remove					
2) Change	SEC	Maureen Butler	1397 Rosemount Ave		
Add			Cornwall ON K6J3E5 CA		
X Remove					
3) Change	P	Michael Laframboise	PO Box 6354		
X Add			Massena NY 13662		
Remove					
4) Change		·			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter (Attach additional sheets, if necessary). (Be spe	er change(s) here: cific)
n/a	
	
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F. If an amendment provides for an exchange, re-	classification, or cancellation of issued shares,
provisions for implementing the amendment i (if not applicable, indicate N/A)	f not contained in the amendment itself:
n/a	

T	September 1, 2017	
The date of each amendment date this document was signed		, if other than the
and this document was signed	September 1, 2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Septe Dated	ember 20, 2017	
Signature	Om To	
se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Michael Laframboise	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	