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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
NAME OF CORPORATION: THE TUCING GROUP INC. BOCUMENT NUMBER: P170000017905
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person The Tyna Grup Inc Firm/ Company Address Jack Smylle Fl 32356 City/ State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (850) 321 5717 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Street Address Amendment Section Division of Corporations Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

	to Articles of Incorporation			
LED ENTERP	rises - 1 inc	Centar		
(Name of Carporation as curr	ently filed with the Florida Dept. of	<u>state</u>)		
(Document Nu	nber of Corporation (if known)			
Pursuant to the provisions of section 607.1006. its Articles of Incorporation:	, Florida Statutes, this <i>Florida Profit C</i>	Corporation adopts the follow	wing amendment	(s) to
A. If amending name, enter the new name of	of the corporation;			
name must he distinguishable and contain a "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	i "Corp," "Inc," or "Co". A profes.	" or "incorporated" or the sional corporation name m	The new e abbreviation ust contain the	
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE.	plicable: ET ADDRESS)	*****		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	<u>e:</u> 'ICE BON)		17 AUG 17 SECRETAR TALLAHASS	n
D. If amending the registered agent and/or new registered agent and/or the new re	registered office address in Florida gistered office address:	, enter the name of the	AM 8: 10 F STATE E FLORIDA	
	(Florida street address)			
New Registered Office Address:	(City)	, Florida(Zip Cod		
		•		

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 Do	<u>oe</u>						
X Remove	<u>V</u>	Mike Jo	ones .						
X Add	<u>sv</u>	Sally Sr	n <u>ith</u>						
Type of Action (Check One)	<u>Title</u>		Name				<u>Addres</u> s		
1) Change		.				. -			
Add						-			
Remove						-	·		
2) Change									
Add				-,,		-			
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3) Change						<u> </u>			···
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5) Change				_					
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6) Change									
Add					<u> </u>				
Remove									

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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If an amendment provides for an exc	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	nengment if not contained in the internation.
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	· -
(no more than 90 days after amendment file date)	
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 east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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 Signature Signature	
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)	,
(Typed or printed name of person signing)	
CF()	
(Title of person signing)	