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(Reque	stor's Name)	
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(City/SI	tate/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Just	Light	Produc	tions Corp.
NAME OF CORPORATION: DOCUMENT NUMBER:	718000	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendmen	t and fee are su	bmitted for fili	ng.	
Please return all correspondence con-	cerning this mat	tter to the follo	wing:	
<u></u>	Miguel	A Reyes	S . ontact Persor	1
	 	Firm/ C	Company	
	162 NE	25 Th St	tree+	APT 917
	1-mant	City/ State a	and Zip Code	2
E-mail ac	dress: (to be us		nnual report	notification)
Miguel A Rove	25	at (917) 646-7026 de & Daytime Telephone Number
Name of Contact Pers	on		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	amount made ¡	payable to the l	Florida Depa	ertment of State:
2	Filing Fee & ate of Status	□\$43.75 Fil Certified ((Additiona enclosed)	Copy I copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpor P.O. Box 6327			Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

JUST Ligh				
(Name of C	Corporation as currently	filed with the Florida Dept. of Sta	te)	
<u> </u>	18000077747			
•	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this Fi	orida Profit Corporation adopts the	e following amendment(s) to	
A. If amending name, enter the new name	e of the corporation:			
NIA			The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	o". A professional corporation na		
B. Enter new principal office address, if applicable:		162 NE 25 ST	ee T	
(Principal office address MUST BE A STR	<u>EET ADDRESS</u>)	ADT 917		
		Miami El 33137		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		169 NE 25 ST	<u> </u>	
		APT 917 Miami Fl. 331	3 <u>-1</u>	
D. If amending the registered agent and/o		ss in Florida, enter the name of th	<u>•</u> =>> =	
new registered agent and/or the new r	egistered office address:			
Name of New Registered Agent	NIA			
			29 L	
	(Florida stree	t address)		
New Registered Office Address:		, Florid	a To-	
		City)	(App,Code): 己己 Q	
			Α	
New Registered Agent's Signature, if char	nging Registered Agent:			
I hereby accept the appointment as registere	rd agent. I am familiar wi	th and accept the obligations of the	position.	
	Signature of New Rey	gistered 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>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>ŞV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Noyla Chirino A	162 NE 25 STREET
Add		J	APT 917
Remove			Miami Fl. 33137
2) Change	<u>_</u>	Miquel A Reyes	162 NE 25 STIRET
X Add		5	APT 917
Remove			Miami Fl 3313]
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additi (Attach additional sheets, if nea				
Incom	DOTATOC	Address	should	be:
	63 NE	35 1	street	
·	Apt 917 Mianii			
1	Miani	FI. 33	137	
				. <u> </u>
· · · ·			<u> </u>	
	-			
				
		 		
F. If an amendment provides for provisions for implementing				
(if not applicable, indica		nor contained in a	ic antendancia de	<u></u>
				
			_	
	<u></u> _			
			_	

The date of each amendment(s) adoption: 10/18/2018 date this document was signed.	, if other than the
Effective date if applicable: 10/18/3018 (no more than 90 days after amendment file date)	
(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 will document's effective date on the Department of State's records.	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	
(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 10/18/18	
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)	
Henla chivina	
(Typed or printed name of person signing)	
Tiesident	
(Title of person signing)	