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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AMOUR & LIGH	T. INC.	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	SANDI WINDSOR		
-		Name of Contact Person	n
	WALTER S. SANDERS & A	ASSOCIATES, P.A.	
-		Firm/ Company	
	16528 N. DALE MABRY H	WY.	
-		Address	
	TAMPA. FLORIDA 33618		
-		City/ State and Zip Cod	e
SAND	DI@WALTERSANDERS.CO	ЭМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
SANDI WINDSOR		at (813	961-0094
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	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)
	ing Address		Address
	ndment Section ion of Corporations		Iment Section on of Corporations
	Box 6327		Building
Talla	hassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AMOUR & LIGHT, INC.

(Name of Corporation	as currently filed with the Florida Dept. of State)
P180000966	508
(Docume)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A,"
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDR	MESS)
	2
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	8.96
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(Cay) (Exp Code)
New Registered Agent's Signature, if changing Regist	tered Agent:
	am familiar with and accept the obligations of the position.
0.	ure of New Registered Agent, if changing
Signati	ure of New Nevisierea Avent, il 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 <math>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	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)Change	VP	SUSIE ECHEVARRIA OLIVIA	5118 W. LONGFELLOW AVE.
Add			TAMPA, FLORIDA 33629
X Remove			
2) Change	VP	SUZIE ECHEVARRIA OLIVA	5118 W. LONGFELLOW AVE.
XAdd			TAMPA, FLORIDA 33629
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additiona	adding additional Ar Il sheets, if necessary).				
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<u> </u>	.		——————————————————————————————————————		
					
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		<u> </u>			···
lf an amendmei	it provides for an exc	change reclassific	ation or cancellas	tion of issued share	ac.
provisions for	implementing the am	endment if not co	ntained in the am	endment itself:	.3 <u>.</u>
(if not appl	icable, indicate N/A)				
-					
· · · · · · · · · · · · · · · · · · ·		•			
			FV_60		

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendme	ent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	Г
DECEMBE Dated	R 13, 2018	
Signature	isa Krawets	
(By a di	rector, president or other officer - if directors or officers have not be	een
	I, by an incorporator $\frac{\varphi}{}$ if in the hands of a receiver, trustee, or other φ ed fiduciary by that fiduciary)	court
	LISA KRAWETZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	