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TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: FLORIDA STROI	BE LIGHTS AND ACCES	SORIES INC
DOCUMENT NUMBER:	P19000010016		
The enclosed Articles of Ar		bmitted for filing.	
Please return all correspond	ence concerning this ma	tter to the following:	
	MARIO JESUS	MELENDEZ SIERRA	
	Pull	Name of Contact Persor	1
	21 MM	Firm/ Company	
	18961 SW 318 TI		
		Address	
	HOMESTEAD FL	233030	
		City/ State and Zip Code	e
	FLORIDASTROBELIO	GHTS@GMAIL.COM	
		sed for future annual report	notification)
For further information con	cerning this matter, pleas	se call:	
or tallier into manon con	-		
MARIO JESUS MELENE		at (495-9493
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made [payable to the Florida Depa	artment of State:
S35 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)
	Address ent Section of Corporations	Amend	Address Iment Section on of Corporations

Tallahassee, FL 32301

Articles of Amendment

10

Articles of Incorporation

of

FLORIDA STROBE LIGHTS AND ACCESSORIES INC

(Name of Corporation as currentl	y filed with the Florida Dept. of State)	
P19000010016			
(Document Number of	f Corporation (if known)	11 2	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the f	ollowing ameno	lment(s) to
A. If amending name, enter the new name of the corporation:		The)	azu.
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name	r the abbrevia	tion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address		SECNCIANT SI SPITE	
new registered agent and/or the new registered office address	<u>E</u>		
Name of New Registered Agent			
(Florida str	reet address)		
New Registered Office Address:			_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v		osition.	
Signature of New k	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.

Example: X Change PT. John Doe X Remove \underline{V} Mike Jones Sally Smith \underline{X} Add SVAddress Type of Action Title <u>Name</u> (Check One) YAMILET BRENES 18961 SW 318 TERRACE 1) ____ Change HOMESTEAD, FL 33030 ____ Add X Remove VΡ JAIME SARAVIA 18961 SW 318 TERRACE 2) ____ Change HOMESTEAD, FL 33030 ____ Add Remove MARIO J. MELENDEZ SIERRA 18961 SW 318 TERRACE 3.) ____ Change HOMESTEAD FL, 33030 Add __ Remove 4) ____ Change ____ Add __ Remove 5) Change Add __ Remove 6) ____ Change _____ Add ____Remove

	ets, if necessary). (Be	<i>мресінс)</i>			
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	ovides for an exchange.	, reclassification, o	r cancellation of issu	ed shares,	
an amendment pr		ni ii not contained	in the amenament it	<u>seii:</u>	
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JUNE 03, 2019 , if other than the The date of each amendment(s) adoption: _ date this document was signed. JUNE 03, 2019 Effective date if applicable: (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 not be listed as the document's effective date on the Department of State's records. 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. JUNE 03, 2019 Dated 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) MARIO JESUS MELENDEZ SIERRA (Typed or printed name of person signing) PRESIDENT (Title of person signing)