P200000 15773

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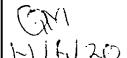
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MAISION OF CLASS OF 17 P. T.



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LIGHT UP ELEC	TRIC INC	,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	BER: P20000015773				
The enclosed Articles	of Amendment and fee are so	ibmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	ELIWAR DECARVALHO				
		Name of Contact Person	1		
	ERC CONSULTING INC				
		Firm/ Company			
	4699 N FEDERAL HWY SU	JITE 102E			
	Address				
	POMPANO BEACH, FL 33064				
		City/ State and Zip Code	e		
For further information	on concerning this matter, plea		ŕ		
Name	of Contact Person	at () de & Daytime Telephone Number		
	or the following amount made				
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 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			Address Iment Section		
		Division of Corporations			
	, Box 6327 lahassee, FL 32314		entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LIGHT UP ELECTRIC INC.

EIGHT OF ELECTRIC INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P20000015773	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloits Articles of Incorporation:	wing amendment(s) t
A. If amending name, enter the new name of the corporation:	
LIGHT UP SOLUTIONS INC	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must commended, "professional association," or the abbreviation "P.A."	iation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent	DIVISION OF PART ARE PART OF P
	P
(Florida street address)	
Van Brain and Office that are	.
New Registered Office Address: , Florida (City)	Zip Code)
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 of the pos	on.
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u></u> (Ατ	mending or adding additional ach additional sheets, if necessor	ary). (Be specific)			
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	-				
					
16.	n amendment provides for an	cavehango enclassi	fication or cancel	ation of issuad shor	*ac
. <u></u> pi	ovisions for implementing the	amendment if not	contained in the a	mendment itself:	<u> </u>
	(if not applicable, indicate N/.	A)			
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					<u> </u>
			<u> </u>		

·	03/13/2020	
The date of each date this docume		, if other than the
Effective date <u>if</u>	03/13/2020 <u>f applicable</u> :	
	(no more than 90 days after amendment file date)	
	te inserted in this block does not meet the applicable statutory filing requirements, this cetive date on the Department of State's records.	late will not be listed as the
Adoption of Am	mendment(s) (<u>CHECK ONE</u>)	
The amendme action was no	nent(s) was/were adopted by the incorporators, or board of directors without shareholder ac ot required.	tion and shareholder
	nent(s) was/were adopted by the shareholders. The number of votes cast for the amendmen holders was/were sufficient for approval.	it(s)
	ent(s) was/were approved by the shareholders through voting groups. The following states are trackly provided for each voting group entitled to vote separately on the amendment(s):	nent
"The nu	umber of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	Dated 03/13/2020 Signature Wist	
	Signature Mist	
	(By a director, president or other officer – if directors or officers have not beer selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	urt
	KRISTIANO N ARAGAO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	