## P21000105652

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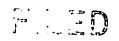
of related as

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: EAGLE LED INC	·				
	IBER: P21000105652					
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	ITALO R IBARRA DIAZ					
		Name of Contact Persor	1			
	EAGLE LED INC					
	Firm/ Company					
	290 COMPETITION DR					
		Address				
	KISSIMMEE, FL 34743					
	City/ State and Zip Code					
	info@eaproductions.us					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, plea	se call:	486 8583			
	of Contact Person	at (				
Name	of Confact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check f	or 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)			
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 issee, FL 32303			

## Articles of Amendment to Articles of Incorporation of



2022 MAY -4 AM 9: 56

EAGLE LED INC (Name of Corporation as currently filed with the Florida Dept. of State) P21000105652 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." 109 N BEAUMONT AVE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) KISSIMMEE FL 34741 C. Enter new mailing address, if applicable: 109 N BEAUMONT AVE (Mailing address MAY BE A POST OFFICE BOX) KISSIMMEE FL 34741 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: ITALO R IBARRA DIAZ Name of New Registered Agent 109 N BEAUMONT AVE (Florida street address) KISSIMMEE New Registered Office Address (City) 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

Check if applicable

 $\Box$  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.

Example:

X Change	$\overline{b.L}$	<u>John Doe</u>				
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>	Address			
1) X Change	Р	ITALO R IBARRA DIAZ	109 N BEAUMONT AVE			
Add			KISSIMMEE FL 34741			
Remove						
2) Change	VP	DARISLENYS FERRALES	109 N BEAUMONT AVE			
Add			KISSIMMEE FL 34741			
Remove 3 ) Change						
Add			<u></u>			
Remove						
4)Change						
Add			** .			
Remove						
5) Change						
Add						
Remove			<del></del>			
6) Change		· <u>-</u> -				
Add						
Remove						

Attach <i>additional</i> .	lding additional Art sheets, if necessary).	(Be specific)			
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an amendment	provides for an excl	nange, reclassific	cation, or cancell	ation of issued sha	res.
provisions for im tif not applica	plementing the ame able, indicate N/A)	ndment if not co	ontained in the a	mendment itself:	
		<u>.</u>	<del></del>		
•					
		<del></del>			

	APRIL 26 2022	
The date of each am date this document w	nendment(s) adoption:	f other than the
Effective date if app	plicable:	
	(no more than 90 days after amendment file date)	
Note: If the date ins document's effective	serted in this block does not meet the applicable statutory filing requirements, this date will not date on the Department of State's records.	he listed as the
Adoption of Amend	ment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s action was not req	) was/were adopted by the incorporators, or board of directors without shareholder action and shar juired.	eholder
☐ The amendment(s by the shareholde	e) was/were adopted by the shareholders. The number of votes east for the amendment(s) ers was/were sufficient for approval.	
	) was/were approved by the shareholders through voting groups. The following statement ly provided for each voting group entitled to vote separately on the amendment(s):	
	er of votes cast for the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
Da	APRIL 25 2022	
Sig	mature Hylly V	
	(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)	
	ITALO R IBARRA DIAZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	