## P95000049130

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900216381449

01/06/12--01032--009 \*\*52.50

SECRETARY OF STATE STATE OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JAN -6 PM 4: 46

Amund cc (cus in 1/10/12

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	RATION: Green LEC		c	
DOCUMENT NUM	BER: P9500004913	30	<u>.</u>	
The enclosed Articles	s of Amendment and fee are su	ubmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	Christina Spoonholtz			
		Name of Contact Person	n	
	Green LED Tech	nology, Inc.		
		Firm/ Company		
	10778 NW 53rd 9	Street		
		Address		
Sunrise, Fl 33351				
City/ State and Zip Code		e		
	E mail address (to be w			
	E-man address: (to be u	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Michael Zov	00	054	000 6025	
Michael Zoyes		at ( <u>954</u>	990-6825	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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	■\$52.50 Filing Fee Certificate of Status Certified Copy	
	enclosed)	(Additional C		
			is enclosed)	
Mailing Address		Street	Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314			xecutive Center Circle	

## Articles of Amendment to Articles of Incorporation of

Green LED Technology,	Inc.			_
•	s currently filed with the Flo	orida Dept. of State	UNSECHE E	
P95000049130		4	WOARSE,	_
(Docume	nt Number of Corporation (if	known)	AN CORPES	
Pursuant to the provisions of section 607 its Articles of Incorporation:  A. If amending name, enter the new name.		Iorida Profit Corpor	ation adopts the follows	rig amendment(s) to Ks
N/A	ame of the corporation,			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		10778 NW	53rd Street	
		Sunrise, FI	33351	<del>-</del> _
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	10778 NW Sunrise, FI	53rd Street 33351	-	
				- -
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter	the name of the	·
Name of New Registered Agent	Peter Ruggeri			
	10778 NW 53rd	Street		
	(Florida stree			
New Registered Office Address:	Sunrise		Florida 33351	
	(City)		(Zip Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar wi	•	ligations of the position.	
Siz	gnature of New Registered Ag	gent, ij 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	Р	Michael Zoyes	10778 NW 53rd Street Sunrise, FI 33351
2) X Change Add Remove	D	Hi Score Corporation	10778 NW 53rd Street Sunrise,FI 33351
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: ( attach additional sheets, if necessary). (Be specific)
Please note that this amendment is for address changes ONLY,
Mailing address, Principal Address, Officer/Director adsress,
registered agent address ALL being changed as shown above.
· · · · · · · · · · · · · · · · · · ·
· ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A

The date of each amendment(s)	adoption: 11/01/2011
Effective date if applicable:	1/01/2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> 1/3/2	012
Signature (By a selec	A director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Michael Zoyes
	(Typed or printed name of person signing)
	President
	(Title of person signing)