## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002747173)))



H160002747173ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INAK SIZARBITORIA, ESQ., P.A.

Account Number : 120160000075

: (305)374-4106

Fax Number

: (305)374-5043

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

INAKISAI @ AOL.COM

## COR AMND/RESTATE/CORRECT OR O/D RESIGN LIVYAC CORP.

Certificate of Status	0
Certified Copy	ō
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H 16000 26784+3. 2747/7

## COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corp	orations		
NAME OF CORPO	RATION: LIVYAC CORP.		
DOCUMENT NUM	BER: P13000088881		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	INAKI SAIZRABITORIA, I	ssQ.	
		Name of Contact Person	π
	INAKI SAIZARBITORIA, I	RSQ. P.A.	,
	<u></u> .	Firm/ Company	
	21 S.W 15 ROAD SUIT	E 200	
		Address	
	MIAMI, FLORIDA 33129		
	<del>_</del>	City/ State and Zip Cod	e
inalei	rai@aal.aam		
inaki	sai@aol.com	sed for future annual report	
	E-man address. (to be us	sed for initiate annual report	noto teation)
For further informatio	n concerning this matter, pleas	se call:	
INAKI SAIZARBITO	ORIA, ESQ.	at (305	374-4106
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Malling Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Assec, FL 32301

16 MW -7 PH 4: 28

H 16000 267241 3

## Articles of Amendment

Articles of Incorporation of	الم
LIVYAC CORP.	- <del>- 2</del>
(Name of Corporation as currently filed with the Florida Dept. of State	) 5
P13000088881	Ž.
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the tits Articles of Incorporation:	following amendment(s) to
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" o "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation nam word "chartered," "professional association," or the abbreviation "P.A."	r the abbreviation
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	
(Florida street 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 with and accept the obligations of the po	sition.
Signature of New Revisiered 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 shects, 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	Y ;	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	P-S-D	CARLOS A. BERSANO	7400 S.W. 50 TERRACE		
Add			SUITE 304		
X Remove			MIAMI, FLORIDA 33155		
2) Change	P-S-D	MARIO SOBRERO	7400 S.W. SO TERRACE		
XAdd			SUITE 304		
Remove			MIMAI, FLORIDA 33155		
3) Change		**************************************			
Add					
Remove					
4) Change		· · · · · · · · · · · · · · · · · · ·			
Add					
Remove					
5) Change					
Add					
Remove	,				
6) Change					
Add					
Remove					

Page 2 of 4

	Ħ	10000	274717
E. If amending or adding additional Articles, enter change(s) here:			<i>€ (7 // )</i>
(Attach additional sheets, if necessary). (Be specific)			
<del></del>			
			· · · · · · · · · · · · · · · · · · ·
	· <del>-</del>		
		· · · · · ·	
		<u></u>	
	<del></del>		
F. If an amendment provides for an exchange, reclassification, or cancellation of	icenal char	POC	
provisions for implementing the amendment if not contained in the amendment	ent <u>(taelf:</u>	L	
(if not applicable, indicate N/A)			
		<del></del>	<del></del>
		<u> </u>	
		_	
· · · · · · · · · · · · · · · · · · ·			<del></del>

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing requi document's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for t by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The fit must be separately provided for each voting group entitled to vote separately on the ame	
"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 action was not required.	n and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	i sharcholder
OCTOBER 22, 2016 Dated	
7	
Signature	
(By a director, president or other officer — if directors or officer selected, by an incorporator — if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
JOSE M. BARJA	
(Typed or printed name of person signing)	
TREASURER	
(Title of person signing)	