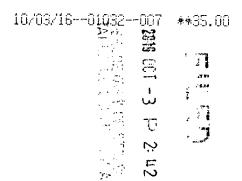
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: LUGO PUIG INC		
DOCUMENT NUMB	D15000002621		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
F	FERNANDO LUGO		
_	**************************************	Name of Contact Person	1
I	LUGO PUIG INC		
_	<u> </u>	Firm/ Company	110
4	9 NE 2ND AVE		
_		Address	
Ŋ	MIAMI FL 33132		
-	····	City/ State and Zip Code	e
marcel	_puig@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
FERNANDO LUGO		at (405-1227
Name of Contact 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	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address Idment Section Idmon of Corporations Box 6327 Dassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LUGO PUIG INC

LUGO PUIG INC			
(Name of Corporation as currently	filed with the Florida Dept	. of State)	
P15000003631			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation ac	lopts the follow	ring amendment(s) to
A. If amending name, enter the new name of the corporation:			
			TI
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "F	o". A professional corpord		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
, incepair office amazeus <u>erost ab trastrabat tables.</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: new registered agent and/or the new registered office address:	ess in Florida, enter the nan	ne of the	
Name of New Registered Agent			
(Florida stre	et address)		
New Registered Office Address:		, Florida	
(City)	(Zi	ip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		ss of the position	7
Signature of New Re	gistered Agent, if changing	70 2 2	

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D	EDERLOOK/EDERMIS LUGO	49 NE 2ND AVE
Add			MIAMI FL 33132
X Remove			
2) Change	D	EDERMIS LUGO	49 NE 2ND AVE
X Add			MIAMI FL 33132
Remove			
3) Change			
Add			
Remove			
4) Change	 		-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	(Be specific)
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PROFESSION AND ADMINISTRATION AN	
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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•	09/28/2016	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
Effective date if applicable:	0/28/2016	
	(no more than 90 days after amendment file date	J
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	s, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
	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 s	hareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and share	holder
09/28/20 Dated	116	
Signature	Fundo bys	
	idirector, president or other officer – if directors or officers have eted, by an incorporator – if in the hands of a receiver, trustee, or o	
	ointed fiduciary by that fiduciary)	
	FERNANDO LUGO	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	