P15000092185

(Requestor's Name)
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COVER LETTER

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TO: Amendment Se Division of Cor				PRISER EN MILLY
NAME OF CORPO	DRATION: LOMADRI CORE) .		2 00
	P15000092185			3
	s of Amendment and fee are su			
	•	-		
Please return all corr	espondence concerning this ma	tter to the following:		
	ALEX D. SIRULNIK			
		Name of Contact Person	1	
	ALEX D. SIRULNIK, P.A.			
	2199 PONCE DE LEON BO	Firm/ Company		
•	- TONCE DE BEON DO	Address	<u>.</u>	
	CORAL GABLES, FL 3313			
		City/ State and Zip Code	e	
AD	S@SIRULNIKLAW.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
ALEX D. SIRULNI	К	at (443-7211	
Name	e of Contact Person		de & Daytime Telephone Number	_
Enclosed is a check f	for the following amount made	payable to the Florida Depa	irtment 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 Dir P.C	neiling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio Clifton 2661 E	Address unent Section on of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of



LOMADRI CORP.				
(Name of	Corporation as current	ly filed with the Florida Dept. of State)		
P15000092185				
	(Document Number of	Corporation (if known)		
its Articles of Incorporation:		Florida Profit Corporation adopts the following emendmen		
A. If amending name, enter the new na	me of the cornoration:			
		The new		
name must be distinguishable and confi "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	anon "Laru nic. vi	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
		777 BRICKELL AVENUE		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SUITE 1210		
		MIAMI, FL 33131		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		777 BRICKELL AVENUE		
		SUITE 1210		
		MIAMI, FL 33131		
D. If amending the registered agent an	d/or registered office add	dress in florids, enter the name of the		
new registered agent and/or the new	A LEBIZIELER OTTICE MODILE	<u> </u>		
Name of New Registered Agent		(VICES LEC		
	777 BRICKELL AVEN	UE, SUITE 1210		
	(Florido s	treet address)		
n - Cotton delduser	MIAMI	Florida 33131		
Hew Registered Office Address:		(City) (Zip Code)		
	Devisional Age			
New Registered Agent's Signature, if o	nnngtile Registered Ape. Jered agent. I am Jamilla	rwith and accept the obligations of the position.		
ר .	Morelo /20 Hr	ulls		
/	Signature of New	Registered 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 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>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	ALEJANDRO HOFFMAN	
Add			
X Remove			
. 2) Change	P	JULIAN BRUNO	777 BRICKELL AVENUE
X Add			SUITE 1210
Remove			MIAMI, FL 33131
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necess	al Articles, enter ch sary). (Be specific)			
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f an amendment provides for a	n exchange, reclass	ification, or cand	ellation of issued	shares,	
provisions for implementing the (if not applicable, indicate N	e amendment if no	t containe <u>d in the</u>	amendment itsel	<u>f:</u>	
(ij noi appucaoie, inaicaie s	2. 4)				
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if other than the
The date of each amendment(s) adoption:
Effective date il applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature (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)
ALEJANDRO HOFFMAN
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)