# P16000057052

(R	equestor's Name)	
· (A	ddress)	
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(C	ity/State/Zip/Phone	<del>(f)</del>
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(В	usiness Entity Name	<del>)</del>
(D	ocument Number)	
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: L&L BUSENESS FENANCIAL SERVICES, JNC. DOCUMENT NUMBER: \$16000057052
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
LEL BUSINESS FRANKLAL SEMICES INC
Firm/Company 8332 VIA SENENA
BOCA PATON FL 33433  City/ State and Zip Code
NOSONIO L'UMCAST. NET
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (561) 247-3387  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is Certified Copy  Certified Copy (Additional copy is Certified Copy  Certified Copy

enclosed)

#### **Mailing Address**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)

#### **Articles of Amendment**

to

### Articles of Incorporation

	of
LE L BUSPNESS	5 FRNANCIAL SERVICES, INC.
(Name of Corporation as	is currently filed with the Florida Dept. of State)
P160	00057052
(Document i	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8332 VPA SEMENA
	BOCA NATION, FL 33433
	AUG S
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic	
	 연연 과 -n의 표
Name of New Registered Agent	TORN 7:
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	
Sionature	e 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 <math>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	<u>PT</u> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
_X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>1P,5</u>	LISETTE ANANGUNEN	17332 Boca Club Drive # 806 Boca RATON, FL 33487
Add			# 806 0 0 T
Remove			12000 1600, +C 33481
2) Change			
Add			
Remove			
3 ) Change	<del></del>		AND
Add			All Address of the Control of the Co
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			war
Remove			
6) Change			
Add			****
Remove			

inagii mumit	f amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)				
			· ··		
		<u></u>			
	<del></del>				
					······································
rovisions for	ent provides for an extinuous for an ext	nendment if not co	ation, or cancella ntained in the am	tion of issued share endment itself:	<u>es,</u>
				<del></del>	

date this document was signed.	option:, it other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bidocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	22 2016 Dura Osorio
Signature	Ama Osomo
(By a di selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESPOENT
	(Title of person signing)