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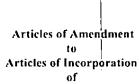
2019 SEP 24 Milo: 28

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:Akaan Lombard In	ternational Brokers	lņc.			
DOCUMENT NUMBER: _	17000026207		1			
The enclosed Articles of Amo		bmitted for filing.				
Please return all corresponde	nce concerning this ma	tter to the following	g:			
Alliso	n Corrado		1			
		Name of Contac	Person			
Lomba	ard International		! !			
		Firm/ Comp	nany			
1650 1	1650 Market St., 54th Fl.					
		A .l.3	. 1			
D1 (1 - 1	1.1: D4 10103	Address	S			
Philad 	elphia, PA 19103	.	<u> </u>			
		City/ State and 2	Zip Code			
corporatecoi	npliance@lombardinte	rnational.com				
E	-mail address: (to be us	sed for future annua	report :	notification)		
			•			
For further information conce	erning this matter, pleas	e call:				
Allison Corrado		at (İ	530-4805		
Name of Cont	act Person	· (Area Coo	le & Daytime Telephone Number		
Enclosed is a check for the fo	llowing amount made	payable to the Flori	da Depa	rtment of State:		
□ \$35 Filing Fee □	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Copy (Additional copenclosed)	<i>;</i>	☑\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
P.O. Box 6	t Section Corporations		Amenda Division Clifton 2661 E:	Address nent Section n of Corporations Building Recutive Center Circle ssee, FL 32301		



Akaan Lombard International Brokers Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P17000026207 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Lombard International Brokers Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. 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: Florida (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 position. NIA

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.

Example: X Change	<u>PT</u>	John Doe	1	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith	1	
Type of Action (Check One)	<u>Title</u>	Name		Address
l) Change	N/A			
Add				
Remove				
2) Change				
Add				
Remove			!	
3) Change		_	<u> </u>	
Add				
Remove			· 	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
δ) Change				_
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) h	ere:
(Attach additional sheets, if necessary). (Be specific)	
N/A	
	!
	
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	1
	l.
 If an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not contained 	or cancellation of issued shares, d in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	<u> </u>

The date of each amendment(s) adoption:date this document was signed.	, if other than the
date this document was signed.	!
Effective date if applicable: N/A	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through v must be separately provided for each voting group entitled to vote so	
"The number of votes cast for the amendment(s) was/were suff	icient for approval
by	.,
by(voting group)	
The amendment(s) was/were adopted by the board of directors witho action was not required.	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sh action was not required.	areholder action and shareholder
Dated 9/11/19	
Signature June li Fuc	¢ 2
(By a director, president or other officer – i	, -
selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	s of a receiver, trustee, or other court
Joseph A. Fillip, Jr.	
(Typed or printed name	ol pe rson signing)
Director	·
(Title of pers	son signing)

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