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SECRETARY OF STATE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: 15649 LAKESIDE CO	ORP
DOCUMENT NUMBER: P18000005617	
The enclosed Articles of Amendment and fee are submit	tted for filing.
Please return all correspondence concerning this matter	to the following:
MIGUEL LOZANO	
	Name of Contact Person
	Firm/ Company
14913 SW 140TH COURT	
****	Address
MIAMI, FL. US 33186	
	City/ State and Zip Code
ELARQBONO@YAHOO.ES	
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please ca	II:
MIGUEL LOZANO	at ( 786 ) 537-1783
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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

## **Articles of Amendment**

to

## Articles of Incorporation

of

15649 LAKESIDE CORP

FILED

P18000005617		ept. of S	<u>tate</u> )		
		2018	AUG 3	P	<b># 89</b>
(Document Number of Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i>	Corporation (if known)	SEC (ALL	retar Ahass	′ ጌና ፎይ. F	STATE LONIOA
Pursuant to the provisions of section 607,1006, Florida Statutes, this I its Articles of Incorporation:	Torida Profit Corporatio	n adopts t	the tollov	ving ai	nendment(s)
A. If amending name, enter the new name of the corporation:  LAKESIDE, CORP.					
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corp			uhhr	
B. Enter new principal office address, if applicable:	14913 SW 140TH CO	JRT			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL. US 33186				
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	name of t	he		
At CALL DO SERVICE					
Name of New Registered Agent					
	at addrass)			_	
Name of New Registered Agent  (Florida stre	et address)	, Florí			

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>РТ</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	Attach <i>additional sheet</i>	s, if necessary).	(Be specific)			
provisions for implementing the amendment if not contained in the amendment itself:						
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(if not applicable, indicate N/A)	<u>provisions for implem</u>	enting the amen	dment if not cont	tained in the am	endment itself:	
	(if not applicable,	indicate N/A)				
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
· ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this de	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(ufficient for approval.	[s)
	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	,``	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
AUGUST Dated Signature	28.2018 M/ June	
(By a selection	firector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	MIGUEL LOZANO	
	(Typed or printed name of person signing)	
	PSTD	
	(Title of person signing)	

the