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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LAMBO H1 MIA CORP DOCUMENT NUMBER: P15000040161 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CRISTIAN GIACULLI Name of Contact Person **G&GJ INTERNATIONAL INVESTMENT** Firm/ Company 20807 BISCAYNE BLVD. STE104 Address AVENTURA, FL 33180 City/ State and Zip Code ggjiinvestment@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 407-8979
Area Code & Daytime Telephone Number MACARENA ANGLADA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fcc & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassec, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of

FILED

2018 OCT 15 PM 4: 16

LAMBO H1 MIA CORP	SECRETARY OF STATE TALLAHASSEE, FL
(Name of Corporation as currently filed with the Florida Dept. of State)	TALLAMASSEE, FL
P15000040161	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation:	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorp" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corpoword "chartered," "professional association," or the abbreviation "P.A."	porated" or the abbreviation ration name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</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 in Florida, enter the namew registered agent and/or the new registered office address:	nme of the
Name of New Registered Agent	_ <u>-</u>
(Florida street address)	
New Registered Office Address:, Florid	la
(City)	(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 obligation	ons of the position.
	_
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							
X Remove	<u>v</u>	Mike Jones							
<u>X</u> Add	<u>\$V</u>	Sally Smith							
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address						
1) Change	Р	ANTONIA SABINO	20807 BISCAYNE BLVD						
Add			STE 104						
Remove			AVENTURA, FL 33180						
2) Change	Р	EMANUEL ZACARIAS	20807 BISCAYNE BLVD						
Add			STE 104						
Remove			AVENTURA, FL 33180						
3) Change									
Add									
Remove									
4) Change									
Add									
Remove									
5) Change									
Add									
Remove									
6) Change									
Add	 -								
Remove									
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	ditional she	ng addition rets, if neces	isary). (I	Be specific)				
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lf an ame	endment pr	ovides for	<u>an exchan</u>	ge, reclas:	sification,	or cancell	ation of iss	sued share	<u>s,</u>
provisio	ns for impl	ementing t	he amend	<u>ment if no</u>	t containe	d in the a	<u>mendment</u>	itself:	
(if n	ot applicab	le, indicate	N/A)						
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
-	
Effective date if applicable: (no more than 90 days after amendment file date)	_
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" (voting group)	
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 10/08/2018	
Dated	
(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)	
ANTONIA SABINO	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	