

FK500005383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

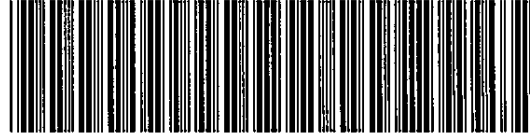
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/24/16--01012--002 \*\*35.00

2016 JUN 24 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

JUN 29 2016

C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Lopifit SEUS Carib  
Name of Corporation

DOCUMENT NUMBER: F15000005383

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Drummond  
Name of Contact Person

Lopifit US MexCarib  
Firm/Company

322 Miramar Beachdr. unit 6123  
Address

Miramar Beach, FL 32550  
City/State and Zip Code

Steve @ LopifitUS.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Drummond at (417) 593 9395  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 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)

**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

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F15000005383

(Document number of corporation (if known))

1. Lop:fit SEUS Carib Inc  
(Name of corporation as it appears on the records of the Department of State)

2. Wyoming  
(Incorporated under laws of)

3. 3/9/2016  
(Date authorized to do business in Florida)

FILED  
2016 JUN 24 PM 2:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 6/9/2016

5. Lop:fit US Mex Carib Inc  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Steve Drummond  
(Typed or printed name of person signing)

President  
(Title of person signing)

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, ED MURRAY, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

**CERTIFICATE OF NAME CHANGE**

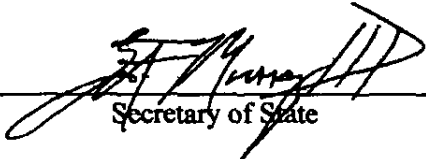
**Current Name: Lopifit US MexCarib**

**Old Name: Lopifit SEUS Carib**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 9th day of June, 2016



Filed Date: 06/09/2016

  
Secretary of State

By: Nicole Martinez



**Ed Murray**  
**Wyoming Secretary of State**  
2020 Carey Avenue, Suite 700  
Cheyenne, WY 82002-0020  
Ph. 307.777.7311  
Fax 307.777.5339  
Email: [Business@wyo.gov](mailto:Business@wyo.gov)

Ed Murray, WY Secretary of State  
FILED: 06/09/2016 10:55 AM  
Original ID: 2015-000700326  
Amendment ID: 2016-001915001

## Profit Corporation Articles of Amendment

1. Corporation name:

Lopifit SEUS Carib

2. Article number(s)

1

is amended as follows:

Change name from Lopifit SEUS Carib  
to  
Lopifit US MexCarib (no space between MexCarib)

3. If the amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself which may be made upon facts objectively ascertainable outside the articles of amendment.

N/A

4. The amendment was adopted on

May 24, 2016

(Date mm/dd/yyyy)

Received  
June 9, 2016  
Secretary of State  
Wyoming

5. Approval of the amendment: (Please check only one appropriate field to indicate the party approving the amendment.)



**Shares were not issued** and the board of directors or incorporators have adopted the amendment.

**OR**



**Shares were issued** and the board of directors have adopted the amendment *without shareholder approval*, in compliance with W.S. 17-16-1005.

**OR**



**Shares were issued** and the board of directors have adopted the amendment *with shareholder approval*, in compliance with W.S. 17-16-1003.

Signature: \_\_\_\_\_

(May be executed by Chairman of Board, President or another of its officers.)

Date: \_\_\_\_\_

May 24, 2016  
(mm/dd/yyyy)

Print Name: \_\_\_\_\_

Steve Drummond

Contact Person: \_\_\_\_\_

Steve Drummond

Title: \_\_\_\_\_

President

Daytime Phone Number: \_\_\_\_\_

417-593-9395

Email: \_\_\_\_\_

Steve@Lopi.Gt.us.com

(Email provided will receive annual report reminders and filing evidence.)

\*May list multiple email addresses

**Checklist**



**Filing Fee: \$50.00** Make check or money order payable to Wyoming Secretary of State.



Please submit one **originally signed** document.



**Typical processing time is 3-5 business days** following the date of receipt in our office.



Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing time of your documents.