H13311

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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: LOWELL Homes, INC				
DOCUMENT NUMBER: H 13311				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
SUSAN DERLATS Name of Contact Person				
LOWELL HOMES, INC				
Firm/Company 1537 DAN Reno Ave.				
CORAL GABLES, F1. 33146				
, City/ State and Zip Code				
35errats@lowellhomesine com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
<u>JUSAN MERRATS</u> at (305) 3-1-83.20				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee				
Mailing Address Street Address				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

Mas. Phys. 23 **Articles of Amendment** Articles of Incorporation filed with the Florida Dept. of State (Name of Corporation as currently (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: 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: 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.

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	•	hn Doe			
X Remove	<u>V</u> <u>M</u> i	Mike Jones			
X Add	<u>SV</u> <u>Sa</u>	lly Smith			
Type of Action (Check One)	<u>Title</u>	Name //	Address		
1) Change	1	5. LAWRENCE KAHN TII	Usen GABLES Pl. 33146		
Add Remove	ν.				
2) Change Add	P3T	5. LANI KAHN DRODY	1537 San Kemo Ave CORAL GABLES P. 33144		
Remove 3) Change Add	VP	GUSAN M. KAHN	1537 Spor Kemo Ave Corpor la Ables, F1 33140		
Remove					
4) Change Add					
Remove					
5) Change					
Add Remove					
6) Change					
Add					

(Attach additional sheets, if necessary).	(Be specific)
	
	
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an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	idinent if not contained in the amendment user.
(ij noi applicavie, inaicale (v/A)	
(y noi applicaole, inalcale N/A)	
у пот аррисаоте, глатсате гу/А)	
у пог аррисаоте, глатсате гу/А)	
(у пог аррисаоте, глатсате гу/А)	
у пот аррисаоте, глатсате гу/А)	
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(у пот аррисаоте, глатсате гу/А)	
(у пот аррисаоте, глагсате гу/А)	
(у пол аррисаоте, таксате гу/А)	

The date of each amendment(s) adoption:	, if other than the
'date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l not be listed as the
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"	
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	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	