## M57142

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(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations LAKES POSTAL CENTER, INC. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WALTER A. ANON Name of Contact Person LAW OFFICES OF WALTER A. ANON Firm/ Company 7975 NW 155 STREET, SUITE A Address MIAMI LAKES, FLORIDA 33016 City/ State and Zip Code

WALTERANON@ANONLAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (305 ) 821-3417 Area Code & Daytime Telephone Number WALTER ANON Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

**\$35** Filing Fee

□\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status

Certified Copy (Additional copy is enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

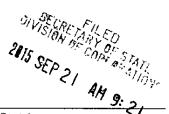
**Mailing Address** 

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

## Articles of Amendment to Articles of Incorporation of



LAKES POSTAL CENTER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)
M57142
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new 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 <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 name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent MUYICO ACOSTU
520 W 33 Place
(Florida street address)
New Registered Office Address: 11 UK (11) , Florida 322 (City) (Zip Code)
(city) (city)
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.
alosta
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:

 $P = President; V = Vice \cdot President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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.

X Change	<u>PT</u>	John Doo	<u>e</u>		
X Remove	<u>v</u>	Mike Jor	nes		
X Add	<u>SV</u>	Sally Sm	iith		
Type of Action (Check One)	Title		<u>Name</u>	J	Address
1) Change	<u>P</u>	_	MAYLEN ACOSTA		
X Add					
Remove				•	
2) Change	PD		LUIS RODRIGUEZ		
Add					
X Remove	STD		DHYANA RODRIGUEZ		
3) Change	310	_	DHIANA RODRIGUEZ		
Add X					
Remove					
4) Change				<del></del>	
Add					
Remove					
5) Change	<u></u>				
Add					
Remove					·
6) Change					
Add				•	
Remove					

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)				
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	MI MI				
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassifica endment if not con	ation, or cancellat ntained in the ame	ion of issued sl endment itself:	nares,	
				•	<del>-</del>
					-

The date of each amendment(s) adoption:		(M/8/1)5	, if other than the
date this document was signed.	0	9/18/15	
Effective date <u>if applicable</u> :	(no more than 90 da	ys after amendment file date	)
<b>Note:</b> If the date inserted in this block does not document's effective date on the Department of S		statutory filing requirement	s, this date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)		
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap		nber of votes cast for the amo	endment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting g			
"The number of votes cast for the amend	dment(s) was/were suf	fficient for approval	,
by	ng group)	.,,	
☐ The amendment(s) was/were adopted by the beaction was not required.	poard of directors with		
The amendment(s) was/were adopted by the ir action was not required.	ncorporators without s	shareholder action and share	holder
Dated 09-18-	15	_	
	porator – if in the har	if directors or officers have ads of a receiver, trustee, or of	
	LUIS P	of person signing)	
<del> </del>	(Title of po	Sident & D	irector