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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Labora	Del Sol Associati	201, IDC
DOCUMENT NUM	BER: N 03000	006481	
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corr	espondence concerning this matt	ter to the following:	
	Luis Morth (Name of		
	(Name of	Contact Person)	
	(32)		
	(Firm	n/ Company)	
	61 HEDDRICKS	Address)	
	(,	10010009	
<u></u>	Ft. Landerdale	Fla 33301	
	(City/ Sta	te and Zip Code)	•
	F-Wolf 1 0 4	ETCO. COM d for future annual report notifica	tion)
Pau Cauthau ta Camadi			illon)
ror turner miorman	on concerning this matter, please	e can;	
	North	at (asu) 648 (Area Code & Daytin	-9120
(Name	e of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Department	of State:
□\$35 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)
	ling Address andment Section	Street Address Amendment Section	
	sion of Corporations	Division of Corporation	ns
	Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center	r Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation 2811 SEP 16 PM 1: 06 of Associa LISECRETAR (Name of Corporation as currently filed with the Florida Dept. of State) M0300000648 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(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 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)

Title	Name	Address	Type of Action
<u>PD</u>	Atria, Janes 1Ja	61 Headrices Isle Ft. Laudendely Fla 33301	
70	Ataia, Michael	61 HENDRICKS ISY Ft. Landenbalt Fla 33301	
STD	Atnia, Cand A	GIHENDRICUS ISLE Ft. Laudendale, Fla 33301	☐ Add ☐ Remove
	g or adding additional Articles, enter cl tional sheets, if necessary). (Be specific		

The date of each amendment(s) adopt	ion:
•	(date of adoption is required)
Effective date <u>if applicable</u> :	910111
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
Dated 9 01	111
Signature	
(By the chair	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Presidud (Title of person signing)