

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000193729 3)))



H110001937293ABC0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
LUZ ETERNA CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

06/12/2029 05:40  
850-817-6381

8/1/2011 4:32:43 PM PAGE 1/001 FAX SERVER

#0848 P.002/005



August 1, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LUZ ETERNA CORP.  
705 NW 133 COURT  
MIAMI, FL 33182

SUBJECT: LUZ ETERNA CORP.  
REF: N10000006267

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please indicate if officer is being added or removed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

FAX Aud. #: H11000193729  
Letter Number: 711A00018077

RECEIVED

11 AUG -1 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000193729

Articles of Amendment  
to  
Articles of Incorporation  
of

LUZ ETERNA Corp.

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000006267

(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)

(City)

Florida

(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

H11000193729

FILED  
#094878.003/005  
AUG -1 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



H11000193729

The date of each amendment(s) adoption: 08-1-11  
(date of adoption is required)

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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 08-1-11

Signature [Signature]

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

John A. Opat  
(Typed or printed name of person signing)

President  
(Title of person signing)

H11000193729