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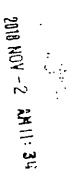
(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporation				Bis NOT 2 VALL 34
NAME OF CORPOR	ATION: LOBREGIA, INC.			5
DOCUMENT NUMB	ER: P01000082998			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		T.
Please return all corresp	oondence concerning this ma	tter to the following:		يك
1	LAWRENCE H. FEDER, ES	SQ.		
-		Name of Contact Person	n	
-		Firm/ Company		_
	3900 HOLLYWOOD BLVD	• -		
-		Address		_
	HOLLYWOOD FL 33021			
-		City/ State and Zip Cod	e	<u></u>
LHFE	DERLAW@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
LAWRENCE H. FEDI	ER	954 at (9625571	
Name o	f Contact Person		de & Daytime Telephone Numb	er
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Ame Divis P.O.	ing Address Indment Section Ition of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

LOBREGIA, INC.

The treated of temperature.
to
Articles of Incorporation
of

(Name (of Corporation as currently	filed with the Florida Dept. of State)	
P01000082998			34
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Ilorida Profit Corporation adopts the following	g amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the ab o". A professional corporation name must c P.A."	
3. Enter new principal office address,	if applicable:	A	
Principal office address MUST BE A S			
			<u>_</u>
Enter new mailing address, if appli	icable:		
(Mailing address MAY BE A POST	OFFICE BOX)		
		/	
 If amending the registered agent an new registered agent and/or the new 		ss in Florida, enter the name of the	
	CLAUDIO D. GENTILE		
Name of New Registered Agent	1602 E. HALLANDALE B	FACH BLVD	•
	(Florida stree		-
	HALLANDALE BEACH	33009	
New Registered Office Address:		, Florida	Code)
		•	
New Registered Agent's Signature, if c			
hereby accept the appointment as regis	tered agent. I am familiar w	ith and accept the obligations of the position.	
		/	
· 1	1/7		
<u> </u>	Signature of New Re	gistered 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	JOHN ARENA	1602 E. HALLANDALE BEACH
Add X Remove	-		HALLANDALE BEACH FL 3300
2) Change	Р	CLAUDIO D. GENTILE	1602 E. HALLANDALE BEACH I
X Add			HALLANDALE BEACH FL 3300
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if nece	essary). (Be spe	cific)	<u>2</u> :		
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				_ -	
	<u>. </u>		<u></u>	·	
					
f an amendment provides for	an exchange, re	<u>classification, or</u>	cancellation of i	ssued shares,	
provisions for implementing (if not applicable, indicate	the amendment	<u>if not contained i</u>	in the amendmen	t itself:	
у погаррисате, такие	: 14/34 }				
		<u> </u>			
.			·		

The date of each amendment(s) adoption:	NIVembr / Wig, if other	than the
date this document was signed. Effective date if applicable:	Nivember 1, 20, 3. if other Nivember 1, 20, 3	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this date will not be liste te's records.	ed as the
Adoption of Amendment(s) (CHEC	EK ONE)	
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	reholders. The number of votes cast for the amendment(s) roval.	
	archolders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amende	ent(s) was/were sufficient for approval	
by	group)	
action was not required. The amendment(s) was/were adopted by the inc	orporators without shareholder action and shareholder	
•	nt or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court of that fiduciary)	
CLAN	DID D. GENTICE	
(T ₃	ped or printed name of person signing)	
	e shereholder	•
	(Title of person signing)	