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(De	equestor's Name)	
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PICK-UP	MAIT	MAIL
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C	, ,	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

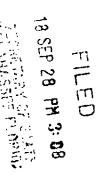
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S TALL





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: EUCALZA ENTE	RPRISES, CORP	
DOCUMENT NUMBE			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
p	INA YADONISI		
_	, ,	Name of Contact Person	n
(CASYA BUSINESS SOLUTIONS CORP.		
ı	Firmv Company 15800 PENES BLVD SUITE 305		
_		Address	
P	EMBROKE PINES, FL 33	027	
-		City/ State and Zip Cod	e
CASY	ABUSINESS@YAHOO.CC	ЭM	,
	• •	sed for future annual report	notification)
For further information PINA YADONISI	concerning this matter, pleas		3625194
Name of	Contact Person	at (Area Co	de & Daytime Telephone Number
	he following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. F	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Ameno Divisio Clifton 2661 E	Address Intent Section on of Corporations Building Executive Center Circle 1880, FL 32301

Articles of Amendment to Articles of Incorporation of

LUCALZA ENTERPRISES CORP

LUCALZA EN HERPRISES, CORP	
(Name of Corporation a	is currently filed with the Florida Dept, of State)
P01000093225	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp." ", word "chartered," "professional association," or the abbi	The new corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>ss</u>)
 C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX) D. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent 	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
res Registres espec marcis.	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	t familiar with and accept the obligations of the position.
Signature	e 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PD	EVA J. CALZADILLA	1333 SAINT TROPEZ CIRCLE
Add			# 405
X Remove			WESTON, FL 33326
2) Change	PD	ALBERTO MORENO	1333 SAINT TROPEZ CIRCLE
X Add			# 405
Remove			WESTON, FL 33326
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
if an amendment provides for an each	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
-	
Effective date <u>if applicable</u> :) days after amendment file date)
Note: If the date inserted in this block does not meet the applie document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The by the shareholders was were sufficient for approval.	number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to a	
"The number of votes cast for the amendment(s) was/wer	
by	<u> </u>
☐ The amendment(s) was/were adopted by the board of directors action was not required.	
☐ The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder
08 28/2018 Dated	
Signature Evacolzad	ila
(By a director, president or other offic	er – if directors or officers have not been hands of a receiver, trustee, or other court
EV	A J. CALZADILLA
(Typed or printed i	name of person signing)
PRES	IDENT/DIRECTOR
(Title c	d'person signing)