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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	Lem Properties Inc			
DOCUMENT NU	MBER:	P02000013816			
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all co	orrespondence concerning th	is matter to the following:			
		Migdalia Salazar			
	N	Name of Contact Person			
	L	em Properties Inc			
	Firms/ Company				
	540 Brickeil Key Dr #1800				
	Address				
		Miarmi, FI 33131			
•		•			
	highpro E-mail address: (to be use	omo@gmail.com ad for future annual report potification)			
For further inform	ation concerning this matter,	nlanco colle			
	_				
	ligdalia Salazar	at (305) 332.4970 Area Code & Daytime Telephone Number			
		nade payable to the Florida Department of State:			
S35 Filling Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee &			
Mailing Ac		Street Address			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			
i dinahan sa	19 I II II I I I I I I I I I I I I I I I	Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation	A Company of the Comp
of	2000 LEB
Lem Properties Inc	AUG / 7
(Name of Corporation as currently filed with the Florida Dept. of S	
P02000013816	AHASSE OF ST
(Document Number of Corporation (if known)	- LE. FLOSTE

(Document Nun

	f the corporation:	
		The ne
ume must be distinguishable and contain to abreviation "Corp.," "Inc.," or Co.," or the ume must contain the word "chartered," "pro	designation "Corp," "Im	c," or "Co". A professional corporation
Enter new principal office address, if apprincipal office address MUST BE A STREE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
If amending the registered agent and/or r new registered agent and/or the new regis		n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	address)
New Registered Office Address:	(Florida street d	, Florida
New Registered Office Address:	(Florida street d	,
New Registered Office Address: w Registered Agent's Signature, if changing the proposition of the propositi	(City)	, Florida, Florida

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)

<u>Title</u>	Name	Address	Type of Action
PD	Raul Salazar	P.O Box 823831 Permbroke Pines, Fl 33082	_
<u>PD</u>	Migdalia Salazar	540 Brickell Key Dr #1800 Miami, Fl 33131	_
	 		_
	ding or adding additional Articles dditional sheets, if necessary). (E		
provisia	nendment provides for an exchanges for implementing the amends of applicable, indicate N/A)	ege, reclassification, or cancellation of is nent if not contained in the amendment	sued shares, itself:

The date of each amendment(s	s) adoption: August 06, 2009
	(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 by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	77
(voting group)
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated Augus	st 06, 2009
Signature	Calazan.
	director, president or other officer - if directors or officers have not been
	ted, by an incorporator - if in the hands of a receiver, trustee, or other court
appei	inted fiduciary by that fiduciary)
	Raul Salazar
	(Typed or printed name of person signing)
	President
	(Title of person signing)