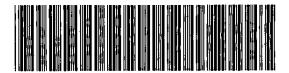
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(Re	equestor's Name)	
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	WAIT	MAIL
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(De	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TARCIZ MON

Andrid Marid

COYER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL 5 · CARD

Name of Contact Person Firm/ Company 10700 4th AVENUE GULF

Address

MALATHON FL 33050

City/ State and Zip Code Succorbin Parayahou · Com E-mail address: (to be used for future-annual report notification) For further information concerning this matter, please call: SUSAN M CORBIN at (306) 481-8659

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy

enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation



1 1	. \ _	UI.				17/10
LAN IEC	INC		D . 80:			^^// Dr 4;
(Name of Corporation as c		the Florida	Dept. of St.	ate)		
10300000						
(Document	Number of Corporat	tion (if knov	vn)			
rsuant to the provisions of section 607.10 Articles of Incorporation:	006, Florida Statutes	s, this <i>Floria</i>	la Profit Cor	<i>poration</i> ado	pts the foll	owing amendment(s
If amending name, enter the new nam	ne of the corporatio	on:				
me must be distinguishable and conta Corp.," "Inc.," or Co.," or the designat	tion "Corp," "Inc,'	or "Co".	A profession	or "incorporate	ated" or to	The new he abbreviation nust contain the
ord "chartered," "professional association	on," or the abbrevia	ttion "P.A."				
Enter new principal office address, if rincipal office address MUST BE A STI	applicable:	_		<u>-</u>		
incipui office unuicis <u>most bert str</u>	,					
Enter new mailing address, if application	able:					
(Mailing address MAY BE A POST O						
				,		
						
If amending the registered agent and new registered agent and/or the new			Florida, en	ter the name	of the	
Name of New Registered Agent	SUSAN		OPPI	7		
Name of New Registered Agent	5409 OVE	05005	<u> </u>	222		
-	Stor CVE	ida street ade	dress)	us		
Non-Paris and Office Addison	MAR	LA COL	J.S	Florido	5-	28050
New Registered Office Address: _		(City)	<u> </u>	, Florida	(Zip Cod	<u>220</u> e)
ew Registered Agent's Signature, if cha hereby accept the appointment as registed	anging Registered A	Agent: ailiar with a	nd accept the	obligations	of the posit	ion.
2.20) 2222/1 ine appointment as register		Cn_	•			

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)

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	P	MICHAELS-CARD	10706-4th EVE 644 MARATHON FU 23050
2) Change	D	WAGNER FRED	293 9645 ST MARATHON FR 33050
Remove 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)
	- · · · -
· · ·	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NA	
$\kappa \iota \iota \Delta$	
101-5	

The date of each amendment(s) adoption: 0tt. 19, 2015 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature Mand	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
MICHAEL S. CARD	
(Typed or printed name of person signing)	
PLESIDENT	
(Title of person signing)	