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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JULIO ERNESTO LENCINA INC					
DOCUMENT NUMBER: P03000143196					
The enclosed Articles	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corres	spondence concerning this mat	tter to the following:			
	JULIO ERNESTO LENCINA	A, INC			
	Name of Contact Person				
	··	Firm/ Company			
	4565 BRADY LN	. ,			
Address					
	PALM BEACH GARDENS,				
		City/ State and Zip Cod	e		
KGC	BONILLO@HOTMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
JULIO E LENCINA		at (719-8583		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 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 Divi P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

JULIO ERNESTO LENCINA, INC	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P03000143196	
(Docume)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corr	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)
C. Enter new mailing address, if applicable:	T = T
(Mailing address MAY BE A POST OFFICE BOX	
•	
D. If amounding the project and a great and/on project and	d office address in Florida, enter the name of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the hame of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Signat	ture 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 <math>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	VPS	PATRICIA Z PAYARES	4565 BRADY LN
Add			PALM BEACH GARDENS
X Remove			FL, 33418
2) Change	VP	FIDADELFO NIZ ROBLERO	17283 ROOSEVELT RD
X Add			JUPITER, FL 33458-8989
Remove			
3) Change	VP	ISMAEL FRANCISCO R. NIZ	805 SOUTHVIEW DR APT A
XAdd			JUPITER, FL 33458
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament it not contained in the amendment tisem

The date of each amendment date this document was signed		, if other than th
J	05/10/2016	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	•
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voung group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Signature		
Se	By a director president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
a	ppointed fiduciary by that fiduciary)	
	JULIO E LENCINA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	