## P03000143870

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Add                    | dress)            |             |
| (Add                    | dress)            |             |
| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nai | me)         |
| (Do                     | cument Number)    | )           |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



900244208219

02/04/13--01040--011 \*\*35.00

SECRE FACTOR OF 19

Amend 104/14/13

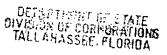
## **COVER LETTER**

A Section

| TO: Amendment Secti<br>Division of Corpo  | •   |  |  |
|---|---|--|--|
| NAME OF CORPOR  |   |  |  |
| DOCUMENT NUMB   | ER: PO 3000/43870   |  |  |
| The enclosed Articles   | of Amendment and fee are submitted for filling.   |  |  |
| Please return all corres  | pondence concerning this matter to the following:   |  |  |
| •1  | Sacqueline Salazan.   |  |  |
| -   | Name of Contact Person<br>Dropentes-  |  |  |
| •   | GTOA Firm/Company<br>Circle   |  |  |
| •   | Jalle World 12 33467  |  |  |
|   | City/ State and Zip Code  |  |  |
|   | Jacdub It @ aor. com.   |  |  |
|   | E-mail address: (to be used for future annual report notification)  |  |  |
|   |   |  |  |
| For further information   | concerning this matter, please call:  |  |  |
| Sacarell  | ie Salaren ( 561) 963-6571.   |  |  |
| Name o  | of Contact Person Area Code & Daytime Telephone Number  |  |  |
| Enclosed is a check fo  | r the following amount made payable to the Florida Department of State: already welled  |  |  |
| \$35 Filing Fee   | □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certificate of Status  Certified Copy (Additional Copy is enclosed) |  |  |
| Mai   | ling Address Street Address   |  |  |
| Amo   | endment Section Amendment Section   |  |  |
| Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building |   |  |  |
|   | ahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301   |  |  |



## RECEIVED 13 APR 15 AM 8: 18



February 6, 2013

JACKE SALAZAR LUJOSA PROPERTIES INC 6709 FINAMORE CIRCLE LAKE WORTH, FL 33467

SUBJECT: LUJOSA PROPERTIES INC.

Ref. Number: P03000143870

We have received your document for LUJOSA PROPERTIES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You failed to list the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 913A00002936

Irene Albritton
Regulatory Specialist II

| •  | Articles of Amendmen                      | nt                                      | 71/5/02 FA                    | KED           |
|--|---|---|-------------------------------|---------------|
| ` /  | to Articles of Incorporati                | on                                      | 13 13                         | 105087472     |
|  | O of (.                                   |   | 75                            | 12e (1977)    |
| Lajosa   | Joyseville                                | <b>ふ</b>                                |                               | H 9: 19       |
| (Name of Corporation as currently t  | iled with the Florida Do                  | ept, of State)                          |                               |               |
| (Document Number o   | f Corporation (if known)                  |   |                               |               |
| Pursuant to the provisions of section 607.1006, Floric ts Articles of Incorporation:   | la Statutes, this <i>Florida I</i>        | Profit Corporation                      | adopts the following an       | nendment(s) t |
| A. If amending name, enter the new name of the c   | orporation:                               | Á                                       | Th                            | e new         |
| name must be distinguishable and contain the wo<br>"Corp.," "Inc.," or Co.," or the designation "Corp<br>word "chartered," "professional association," or the  | o," "Inc," or "Co". A                     | npany," or "incor<br>professional corpo | porated" or the abbre         | viation       |
| B. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD  | <u>e:</u><br>DRESS )                      | 6709<br>Lake                            | Fria nove<br>Werth Fl         | (nol          |
|  | Azories Cosmon                            |   |                               |               |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO  | <u>ox</u> )                               | 6707 f<br>lake W                        | Francore Cir<br>orth<br>33467 | vele          |
| ). If amending the registered agent and/or registe   | ored office address in Fi                 | arida enter the n                       |                               |               |
| new registered agent and/or the new registered   | office address:                           | . 01                                    | wine or the                   |               |
| Name of New Registered Agent   | Sucavelue                                 | Salaran                                 | <i>.</i><br>—                 |               |
| نها  | 209 Withnam                               | ove Cive                                | le                            |               |
| New Registered Office Address:   | (Florida street addre<br>Lake W<br>(City) | est, Floric                             | 33467 · (Zip Code)            |               |
| New Registered Agent's Signature, if changing Relative hereby accept the appointment as registered agent.  Signature of Legisteria and the second sec | I am familiar with and                    | accept the obligation                   | yns of the position.          |               |

Page 1 of 4

, 2 t

## 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 | $\frac{1}{2M} (S_{1}(w), S_{2}(w)) = 0$  |                 |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | . • •                                    | <u>Addres</u> s |
| 1) Change                     |              |             |  |                 |
| Add                           |              |             |  |                 |
| Remove                        |              |             |  |                 |
| 2) Change                     |              |             |  |                 |
| Add                           |              |             | A Control Williams                       |                 |
| Remove                        |              |             | , we will also the second                |                 |
| 3) Change                     |              |             |  |                 |
| Add                           | ·            | <del></del> |  |                 |
| Remove                        |              |             |  |                 |
|                               |              |             | er e |                 |
| 4) Change                     |              | <del></del> | •  |                 |
| Add<br>Remove                 |              |             | •  |                 |
|                               |              |             |  |                 |
| 5) Change                     |              |             |  |                 |
| Add                           |              |             |  |                 |
| Remove                        |              |             | No. 14.                                  |                 |
| 6) Change                     |              |             | · · · · · · · · · · · · · · · · · · ·    |                 |
| Add                           |              |             |  |                 |
| Remove                        |              |             |  |                 |

| ttach additional sheets, if necessary). (Be                                     | specific)  | J/A   |
|---|--|---|
|   |  |   |
|   |  |   |
|   |  |   |
| <u>.</u> .  |  |   |
|   | · · · · · · · · · · · · · · · · · · ·                            |   |
|   |  |   |
|   | •  |   |
|   |  |   |
|   | •  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  | ····  |
|   |  |   |
|   | I *  | <u> </u>                                    |
|   |  |   |
|   |  |   |
|   |  |   |
| an amendment provides for an exchange<br>provisions for implementing the amendm | , reclassification, or cancella<br>nt if not contained in the an | ition of issued shares,<br>nendment itself: |
| (if not applicable, indicate N/A)   | 1  |   |
|   | N/A  |   |
|   | ·  |   |
|   | ·  | ·   |
|   |  | <u> </u>                                    |
|   |  | -   |
| · · · · · · · · · · · · · · · · · · ·   |  |   |
|   |  |   |
|   |  |   |

| •  | 4/11/13  |
|--|--|
| The date of each amendment(s) adoption: _  | 4/11/13.   |
| Effective date <u>if applicable</u> :  | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)   | CHECK ONE)   |
| ☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | he shareholders. The number of votes cast for the amendment(s) or approval.  |
|  | the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s) |
| "The number of votes cast for the an   | nendment(s) was/were sufficient for approval   |
| - by   | voting group)  |
|  | he board of directors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were adopted by the action was not required.                    | he incorporators without shareholder action and shareholder  |
| Dated  | 11 13 Padan  |
| Signature  | resident or other officer – if directors or officers have not been   |
| selected by an in  | ncorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)                              |
|  | JACQUELINE SAUZHA  |
|  | (Typed or printed name of person signing)  Westdent  |
| <del></del>  | (Title of person signing)  |
|  | graet de arga sistema das  |