P040000003082

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ancina Manda

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: LESBIG RAGS CORP DOCUMENT NUMBER: P04000063082 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Avistides Fernandez
Name of Contact Person Ternandez Accounting D tax Services 1770 W Flagler St Ste 6
Address MAM FL 33135
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Avistide, Fernandor at (786) 522 3750

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 Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address **Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

LESBIA RAGS	CORPI		
(Name of Corporation as currently filed with the Florida Dept. of State)			
P04000063082			
(Document Number of Corporation (if known)			

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro		professional corpora
Enter new principal office address, if app		
rincipal office address <u>MUST BE A STREE</u>	I ADDRESS)	
Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE		•
(Maning dualess MITT DE TITOST OTTE		the name of the
		
T.C		
		the name of the
new registered agent and/or the new regis		the name of the
		the name of the
new registered agent and/or the new registered Agent:	stered office address:	the name of the
	(Florida street address)	the name of the
new registered agent and/or the new registered Agent:	(Florida street address)	Florida

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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
VP	Walter Quintana	8733 North UIAMI AW EL POETAL FL 33138	Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach aa	lditional sheets, if necessary). (Be spec	cific)	
provisio	nendment provides for an exchange, re ons for implementing the amendment i ot applicable, indicate N/A)		
	N/A		
		•	

The date of each amendment(s) add	option: 5/1/2010
Effective date if annlicables	5/1/2013
(no m	option:
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	g group)
(votin	g group)
The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder
Dated 05 11	12010
Signature ###	
selected, b	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
•	Walter Quintena (Typed or printed name of person signing)
	(Title of person signing)