

PO4 000080141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200079247052

08/30/06--01057--003 **35.00

Amend

FILED
2006 OCT -2 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 02 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2006.

ROSA CONTRERAS
LUJANY D.N. CREATIONS, INC.
5200 CHISWICK CIR
ORLANDO, FL 32812

SUBJECT: LUJANY D.N. CREATIONS, INC
Ref. Number: P04000080141

We have received your document for LUJANY D.N. CREATIONS, 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):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The attached Officer/Director resignation and statement of change of Registered Agent/Officer forms are not needed, since these changes are made in the amendment.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 306A00055999

RECEIVED
TH
OCT 1 2006
NOTES

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LUJANY D.N. CREATIONS, INC

DOCUMENT NUMBER: P04 0000 80141

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSA CONTRERAS

(Name of Contact Person)

LUJANY D.N. CREATIONS; INC

(Firm/ Company)

5200 CHISWICK CIR

(Address)

ORLANDO, FL, 32812

(City/ State and Zip Code)

For further information concerning this matter, please call:

ROSA CONTRERAS

(Name of Contact Person)

at (407) 850-6962

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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)

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

Articles of Amendment
to
Articles of Incorporation
of

LUTANY D.N. CREATIONS, INC

(Name of corporation as currently filed with the Florida Dept. of State)

804 0000 80 141

(Document number of corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 OCT -2 AM 11:42

FILED

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

NEW CORPORATE NAME (if changing):

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

ARTICLE IV: THE NAME AND FLORIDA STREET ADDRESS
OF THE REGISTERED AGENT CHANGE: See attached
DELETED LILIANA GASCA AND ADDED ROSA CONTRERAS
WITH ADDRESS: 5200 CHISWICK CIR; ORLANDO;
FLORIDA; 32812.

ARTICLE OFFICERS/DIRECTOR V: DELETED LILIANA
GASCA AND ADDED ROSA CONTRERAS-PRESIDENT
WITH ADDRESS: 5200 CHISWICK CIR; ORLANDO;
FLORIDA; 32812.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 8/8/06

Effective date if applicable: 8/8/06

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- ☒ The amendment(s) was/were approved 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

Rosa Contreras

(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)

Rosa Contreras

(Typed or printed name of person signing)

Presidente

(Title of person signing)

FILING FEE: \$35

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LUTANY D.N. CREATIONS INC
2. The principal office address: 5200 CHISWICK CIR; ORLANDO; FL;
32812
3. The mailing address (if different): SAME ABOVE.

4. Date of incorporation/qualification: 5/17/2004 Document number: 804000080141

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LILIANA GASCA
675 W. LANCASTER RD.
ORLANDO; FL; 32809

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROSA CONTRERAS
5200 CHISWICK CIR
(P.O. Box NOT acceptable)
ORLANDO; FL; 32812

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Rosa Contreras
(Signature of an officer or director)

Rosa Contreras
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Rosa Contreras
(Signature of Registered Agent)

9/08/06
(Date)

If signing on behalf of an entity:

Rosa Contreras
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)