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SEGRETARY OF STAFE

JUL 7 2015

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Lacros	sewar Inc				
DOCUMENT NUMBI	er: <u>P0400010</u>	0825				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
- -	Walter D. Lacro 4801 Cuconut info @	Name of Contact Person SSPWCAC N Firm/ Company Whysin Rd # Address Creek FL City/ State and Zip Code and for future annual report	33073.			
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	concerning this matter, pleas	ne call:	, 429-1091			
Name of	Contact Person	Area Co	de & 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 & 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)			
Maili	ng Address	<u>St</u> reet	Address			

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

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

Articles of Amendment to Articles of Incorporation of



Lacrossew	Par	Inc.	15 JUN 26 PM 1: 01
		y filed with the	Florida Dept. of State)
P04000	280010	5	
(Docu	ment Number o	f Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this	Florida Profit (Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the c	corporation:		
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp	p," "Inc," or "	'Co". A profes.	
word "chartered," "professional association," or the	e abbreviation '	'P.A."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ox</u>)		
			
D. If amending the registered agent and/or registered new registered agent and/or the new registered			enter the name of the
		_	
Name of New Registered Agent			
	(FI) I		
	(Fioriaa sir	eet address)	
New Registered Office Address:		(Cital)	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent	i with and accept	the obligations of the position.
	•	•	
~	. (37 5		
Sign	nature of New R	tegistered Agent	t, 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				-
Remove				
4) Change		_		
Add				,
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	nal sheets, if		(Be spe	cijic)					
									
									
									 -
							<u></u>		
,									
					-				
					n, or cancellat			<u>s,</u>	
provisions for		ng the ame			n, or cancellat ned in the ame			<u>s.</u>	
(if not app	r implementi plicable, indi	ing the ame	endment_i	f not contai	ned in the ame	endment	itself:		
provisions for (if not app	r implementi plicable, indi	ing the ame	ndment i	f not contai		endment	itself:		·S.
(if not app	r implementi plicable, indi	ing the ame cate N/A)	ndment i	f not contai	ned in the ame	endment	itself:		·S.
provisions for (if not app	r implementi plicable, indi	ing the ame	ndment i	f not contai	Chan	gl	itself:		·S.
provisions for (if not app	r implementi	Lan	107)	f not contai	Chan	gl	itself:		
provisions for (if not app	r implementi plicable, indi	Lan	107)	f not contai	ned in the ame	gl	itself:	Share	

* ' ' 1	^		
The date of each amendment(s) adoption: _	January	1, 2015	if other than the
date this document was signed. Effective date <u>if applicable:</u>	a anuaru 1	2015 011	FILED SECRETARY OF STACE VISION OF BORPOBATIONS
	(no more than 90 days a)	ter amendment file date)	5 JUN 26 PM 1:08
Note: If the date inserted in this block does document's effective date on the Department of			
Adoption of Amendment(s) (C	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		of votes cast for the amend	lment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each voting			
"The number of votes cast for the am	endment(s) was/were sufficient	ent for approval	
by			
(v	oting group)		
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors without	shareholder action and shar	reholder
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without share	cholder action and sharehol	der
Dated 5/25/15			
Signature	1020		
(By a director, pre	esident or other officer - if d		
	corporator – if in the hands or ry by that fiduciary)	of a receiver, trustee, or oth	er court
	Walter D.	Lamon IV	
	(Typed or printed name of	person signing)	
	President		
	(Title of persor	signing)	