## P04000165334

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SECRETARY OF STATE
ALLAHASSEE, FLORINA

Mend

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	LORD & DELIV	ERY CORP.		
DOCUMENT NUMBER:	04000165334			
The enclosed Articles of Amen	dment and fee are sul	bmitted for filing.		
Please return all correspondence	e concerning this mat	ter to the following	g:	
LUZ M.	LUZ M. GONZALEZ			
	Name of Contact Person			
Firm/ Company				
7534 N.	7534 N. ARMENIA AVE.			
	Address			
TAMPA	, FL 33604			
		City/ State and	Zip Code	/
martinezluz28	l@yahoo.com			
E-m	nail address: (to be us	ed for future annua	al report no	tification)
For further information concern	ing this matter, pleas	e call:		
LUZ M. GONZALEZ		at (	813	401 9754 & Daytime Telephone Number
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:				
	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing Certified Copy (Additional copenclosed)	у	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address		
Amendment S		Amendment Section		
Division of C		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

LUKD & DELIVERY CORP.					
(Name	of Corporation as currently	filed with the Florida De	ept. of State)		
P04000165334					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following ame	ndmen	ıt(s) to
A. If amending name, enter the new n	ame of the corporation:				
			The	new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corpo			
• •			<b>Z</b> ‰	<del></del>	
B. Enter new principal office address,			<u>E8</u>		
(Principal office address MUST BE A S	TREET ADDRESS )			33	771
		· · · · · · · · · · · · · · · · · · ·	<b>5</b> 5		<del></del>
			ffi_*	9	щ
			- T	22	
C. Enter new mailing address, if appl				22	_
(Mailing address <u>MAY BE A POST</u>	OFFICE BUX			_ <u></u>	
			▶'''	Q	
					•
D. If amonding the posistaned agent or	nd/on registered office addre	na in Florido, onton the n	ama of the		
D. If amending the registered agent ar new registered agent and/or the ne		as in Fiorida, enter the n	ame of the		
Name of New Registered Agent	LUZ M. GONZALEZ				
Nume of New Registered Agent	7534 N. ARMENIA AVE				
			<del> </del>		
	↑ (Florida stre	et address)			
New Registered Office Address:	TAMPA \		. Florida 33604		
new Registered Office Marciss.		City)	(Zip Code)		
•					
New Registered Agent's Signature, if c	hanging Registered Agent:				
I hereby accept the appointment as regist		ith and accept the obligati	ons of the position.		
			-		
	( hhad)				
	Signature of New Re	gistered Agent, if changin	σ		
	10	O	9		

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	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P	LUZ M. GONZALEZ	7534 N. ARMENIA AVE.
Add			TAMPA, FL 33604
Remove			
2) Change		_	
Add			<del></del>
Remove			
3 ) Change		<del>-</del>	
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)		
N/A	(20 340040)	
-	•	
· · · · · · · · · · · · · · · · · · ·		
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	idition if not contained in the amendment isen.	
N/A		
	<u> </u>	

	09/23/2016	
The date of each amendment(s) a		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than S	90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De		icable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su		ne number of votes cast for the amendment(s)
		rough voting groups. The following statement vote separately on the amendment(s):
	for the amendment(s) was/we	
by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	(voting group)	
action was not required.  The amendment(s) was/were add action was not required.  09/23/2010  Dated  Signature  (By a d selecte	opted by the incorporators with	thout shareholder action and shareholder  thout shareholder action and shareholder  icer – if directors or officers have not been he hands of a receiver, trustee, or other court
	(Typed or printed	name of person signing)
	PRESIDENT	
	(Title	of person signing)