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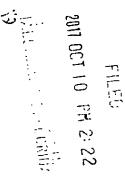
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C. GOLDEN

OCT 11 2017:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LORD & DELIVE	ERY CORP	
DOCUMENT NUMB	ER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this nu	tter to the following:	
	JUAN P GARCIA		
•	-	Name of Contact Person	n
		Firm/ Company	
_	3412 SUNRISE VILLAS CI		
	TAMPA, FL 33614	Address	
-		City/ State and Zip Cod	c
GORI	DITOPABLO@GMAIL.COM	.1	
	E-mail address; (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JUAN P GARCIA		727	de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divis P.O.	ing Address Inducent Section Ission of Corporations Box 6327 Illussee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Intent Section on of Corporations Building Executive Center Circle ussec, FL 32301

Articles of Amendment to Articles of Incorporation of

LORD & DELIVERY CORP

FILED

(Name of Corporation as currently	r filed with the Florida Dept. of Stafe17 OCT 10 PM 2: 22
P04000165334	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, 1006, Florida Statutes, this <i>t</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Corp," word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
5 16 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
	· · · · · ·
(Florida stre	vet address)
New Registered Office Address;	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
r norcos an esperantem as regimerea agent. Fram jaminar i	in that the transfer of the position.
 	
Signature of New R	egistered 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)

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: XChange	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	V	GARCIA SANTIAGO	7534 N ARMENIA AVE
Add			TAMPA, FL 33604
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	. (Be specific)
	
f an amendment provides for an eye	hange, reclassification, or cancellation of issued shares.
provisions for implementing the am	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

09/20/2017	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
(Y)/20/2017	
Effective date if applicable: (no more than 90 days after amendment file days)	te)
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the arby the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment of the control	
"The number of votes east 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 action was not required.	shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	cholder
Dăted 9/19/17 Signature 1/00/14	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	e not been rother court
JUAN PABLO GARCIA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	