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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	FION: LPI A	pen Inc	
DOCUMENT NUMBE	R: P 050000	55440	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
	Thom Laws Pto 3550 B	Name of Contact Person Person Film/ Company Address	2tv2
	Miami, f	City/ State and Zip Code	e
	E-mail address: (to be us	a loi holding	notification)
For further information co	oncerning this matter, pleas	se call:	
Alice Fe	Contact Person	at (Arm Co	de & Daytime Telephone Number
		payable to the Florida Depa	
N	-		_
\$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)
5.F 111	A 3.3	644	

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

Article	les of Incorporation		SINISINISTA	BLED
· · · · · · · · · · · · · · · · · · ·	of —		12 0	CORPOSTATE
LPI Aspen,	LDC.		13 OCT 25	** 1994715 _{He}
(Name of Corporation as currently filed wi	ith the Florida Dept. of	State)	Ū	TH 2167
10500005544	0			*/
(Document Number of Corpo	oration (if known)			
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit C	Corporation a	dopts the following	amendment(s) to
A. If amending name, enter the new name of the corpora	ation:			
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	ic," or "Co". A profess	' or "incorpor	orated" or the abl	The new breviation ontain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		Biscay	2313 3313	TE602 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3550 <u>M</u> am	sisca.	-ine Blud 33137	5TE602
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent		enter the nai	ne of the	
(F	Florida street address)		-	
New Registered Office Address:		, Florida	1	
nen negane et egge and egg.	(City)	, 1 101144	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J Signature of New Res			ns of the position.	
Signation of the new	5 ou rigoint if onuntin	·o		

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:	, ana san	y Smith, SV us an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<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			

If amending or adding additional Artice (Attach additional sheets, if necessary).	
	
If an amandment provides for an evol	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption	on:	, if other than i
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 10/22	113	
Signature	In alm	
selected, by	or, pre sident of other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	