## Paloaby 553

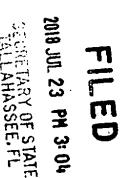
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LANZANO INVE	ESTMENTS INCORPORA	ATED		
DOCUMENT NUMI	BER: P06000145533				
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.			
Please return all corre	spondence concerning this m	atter to the following:			
	JANE PRONOVOST				
	Name of Contact Person				
		Firm/ Company			
	320 WILSHIRE BLVD				
	Address CASSELBERRY, FL 32707				
	·	City/ State and Zip Code	2		
janep	ronovost@gmail.com				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
JANE PRONOVOST		at (407	331-1090		
Name o	f Contact Person	Area Coc	331-1090 le & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depar	riment of State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O. i	ing Address indment Section ion of Corporations Box 6327 nassec, FL 32314	Divisior Clitton I	nent Section of Corporations		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

LANZANO INVESTMENTS INCORPORATED

2018 JUL 23 PM 3: 04

( <u>N</u> ame	of Corporation as curren	tly filed with the Florida Dept. of SPEERE TARY OF STATE
P06000145533		TALL AHASSEE, FL
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new r	name of the corporation:	
		The new
name must be distinguishable and co- "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation "Corp." "Inc." or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A
C. Enter new mailing address, if appl	icable:	N/A
(Mailing address MAY BE A POST	OFFICE BOX)	N/A
D. If a manding the analysis and	1/ /	
<ul> <li>If amending the registered agent an new registered agent and/or the ne</li> </ul>	id/or registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	N/A	-
Ename of their registered rigem		
	(Florido su	cet address)
M. B. G. J. (1977)	N/A	tti aantaay
New Registered Office Address:		(City) (Zip Code)
		(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	<u>.</u>
nereby accept the appointment as regist	ered agent. I am familiar v	with and accept the obligations 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.

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)	<u>Title</u>	Name	Address	
1) Change	D	MICHAEL SCARBOROUGH	325 TIMBERWOOD TR	
Add			OVIEDO, FL 32765	
X Remove				
2) Change	P	MICHAEL SCARBOROUGH	325 TIMBERWOOD TR	
Add			OVIEDO, FL 32765	
X Remove				
3 ) Change	D	JANE PRONOVOST	320 WILSHIRE BLVD	
XAdd			CASSELBERRY, FL 32707	
Remove				
4) Change	P	JANE PRONOVOST	320 WILSHIRE BLVD	
X Add			CASSELBERRY, FL 32707	
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)	
MICHAEL SCARBOROUGH IS REMOVED AS DIRECTOR AND PRESIDENT.	
JANE PRONOVOST IS ADDED AS DIRECTOR AND PRESIDENT.	
If an amendment provides for an 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)	

	7/3/2018	
The date of each amendment(s) adop	lion;	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	******
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date will nument of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
☐ The amendment(s) was/were approvemust he separately provided for each	red by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
Signature  (By a direct sejected, by appointed i	d by the incorporators without shareholder action and shareholder  for, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)  NE PRONOVOST	
	(Typed or printed name of person signing)	
PRI	ESIDENT	
	(Title of person signing)	-