

P07000002387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

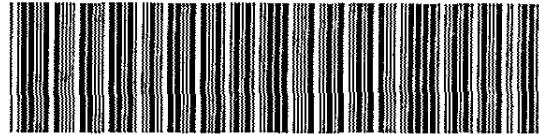
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600106813226

09/04/07--01012--026 \*\*35.00

07 SEP 13 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*Amend*

C. Ouffette SEP 13 2007

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LUSO SYSTEMS, INC.

DOCUMENT NUMBER: P07000002387

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. SANDY, CPA  
(Name of Contact Person)

SANDY & NELSON, P.A.  
(Firm/ Company)

29 OLD HAMS RD. N. 1B  
(Address)

PALM COAST, FL. 32137  
(City/ State and Zip Code)

For further information concerning this matter, please call:

R. SANDY at ( 386 ) 445 4375  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2007

R. SANDY  
SANDY & NELSON, P.A.  
29 OLD KINGS RD., N. 1B  
PALM COAST, FL 32137

SUBJECT: LUSOSYSTEMS, INC.  
Ref. Number: P07000002387

We have received your document for LUSOSYSTEMS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

You will need to remove the SS# from your document and print the registered agent name clearly, I am unable to read the first name of this person.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 007A000532

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 SEP 13 AM 8:00

RECEIVED

Articles of Amendment  
to  
Articles of Incorporation  
of

LU50SYSTEMS, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P070000023801

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

AS OF 9/11/07 REGISTERED AGENT, PRES. & V. PRES. SHOULD ALL BE  
CHANGED TO: JOAO COQUIM 22 FARWELL LANE  
PALM COAST, FL. 32137.

I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES & RESPONSIBILITIES  
AS REGISTERED AGENT FOR LU50SYSTEMS, INC.

Joao Coquim

9-11-07

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 SEP 13 PM 3:33

APPROVED  
AND  
FILED

The date of each amendment(s) adoption: 9/1/07

Effective date if applicable: 9/1/07  
(no more than 90 days after amendment file date)

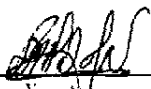
Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast 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 shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature

  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ricardo Manuel de Jesus Nuñez  
(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35