PO 7000018008

(Re	questor's Name)	
(Ad	dress)	*
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	,
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: L.E.N	1. LABOR SUPPORT	INC
	MBER: <u>P07</u>		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
	BRAUL	ame of Contact Person	
	N	ame of Contact Person	
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	•	Firm/ Company	
	,		
	507 r	NOTTINGHAM BU	<u> </u>
	-		
		IN BEACH FL 3	3005
	WEST PA	IM BEACH	
	Ci	ity/ State and Zip Code	
	<i>bcan</i>	7 Q yahoo. com	
***	E-mail address: (to be used	d for future admual report notification)	
For further inform	ation concerning this matter,	please call:	
BRAVL	O CANIZ	01/561 \ 672	-5363
Name	of Contact Person	at (5%) 672 Area Code & Daytime Tele	ephone Number
Enclosed is a chec	k for the following amount m	ade payable to the Florida Depart	ment 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)
Mailing A	<u>ddress</u>	Street Address	
Amendmer		Amendment Section	
	Corporations	Division of Corporations	
P.O. Box 6	327 - FI 32314	Clifton Building 2661 Executive Center Circle	•
i allahagg <i>e</i> a	- MI. 4/414	Zoo i Execunve Center Circle	.

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	Articles of Incorpora	ation
	of	1100-
L.G.M. LAB	OR SUPPO	ORT INC ST OCT -3 PMIN
(Name of Corporation as curr	ently filed with the Flo	orida Dept. of State ALLIANTE TARY
P070	000 1800	orida Dept. of State ALLAHASSEE FLORIDA known)
(Document Nur	mber of Corporation (if k	known)
nursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	6, Florida Statutes, this	is Florida Profit Corporation adopts the follow
If amending name, enter the new name o	f the corporation:	,
×		The new
	e designation "Corp," ".	on," "company," or "incorporated" or the "Inc," or "Co". A professional corporation or the abbreviation "P.A."
s. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
	•	
. If amending the registered agent and/or new registered agent and/or the new registered Agent:		ess in Florida, enter the name of the
New Registered Office Address:	(Florida stree	eet address)
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changi	ng Registered Agent:	
hereby accept the appointment as registered a		ith and accept the obligations of the position.
	0:	tored 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VPS	6, LBERTO CORCINO	507 NOTTINGHAMB WPB, FL 33405	Add Remove
YP	JUAN SALGADO	SOI NOTTINGHAM BUD WPB, FL 33405	Add Remove
<u>T</u>	LUIS MENDEZ	425 NOTTINGHAMB WPB, FL 33405	Add Remove
	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specifi		
F. If an ame	endment provides for an exchange, recla	assification, or cancellation of iss	sued shares,
	is for implementing the amendment if ne applicable, indicate N/A)	ot contained in the amendment i	tself:

and the second s	_	í i		
The date of each amendment(s) adoption:	(0	1	1 1 (
	date of adoptior			
Effective date if applicable: (no more than 90 d			A1 1 .)	
(no more than 90 d	ays after amend	ment j	file date)	
Adoption of Amendment(s) (CHEC	K ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficient for app		numb	er of votes cast for the ame	ndment(s
The amendment(s) was/were approved by the si must be separately provided for each voting gre				
"The number of votes cast for the amendm	ent(s) was/were	suffic	ient for approval	
by			"	
by			- -	
The amendment(s) was/were adopted by the bo action was not required. The amendment(s) was/were adopted by the incaction was not required.				
Dated 10111				
	ator – if in the h		irectors or officers have no of a receiver, trustee, or oth	
Ex A	or printed name	<u> </u>	7) 2-	
	DRESID	<u>~</u>	/T	
(Title of pe	rson signing)			