P09000018892

(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



500163131035

11/30/09--01053--030 **43.75

SECRETARY OF STATE

APPROVE

Chillon Chill

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	LUSA GROUP INC	 	
DOCUMENT NU	MBER:	P09000018892		
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.		
Please return all co	prrespondence concerning thi	is matter to the following:		
		ISIDRO LUNA		
	,	lame of Contact Person		
		Firm/ Company	 	
	8051 COLONY CIRCLE S, 207			
	mat v	Address		
gir Mar	TA	MARAC, FL 33321 ity/ State and Zip Code		
	alvatin E-mail address: (to be use	no@hotmail.com d for future annual report notification)		
For further informa	ation concerning this matter,	please call:		
	ISIDRO LUNA	at (954) 60	68-0044	
Name	of Contact Person	Area Code & Daytime Tel	ephone Number	
Enclosed is a check	k for the following amount m	nade payable to the Florida Depart	tment of State:	
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
P.O. Box 63	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	e ·	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

LUSA GROUP INC

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

Corporation (if kno rida Statutes, this Fa	own) Clorida Profit Corporation adopts the	ne fol
	clorida Profit Corporation adopts th	ne fol
orporation:		
	The	e neu
nation "Corp," "Inc	c," or "Co". A professional corpor	
<u>::</u> DRESS)		
<u></u>		
red office address i	n Florida, enter the name of the	
(Florida street a	address)	
	, Florida	_
(Citv)	(Zin Code)	
	red office address i office address:	PX) red office address in Florida, enter the name of the office address: (Florida street address)

Signature of New Registered 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
<u>VP</u>	NELLY ZAMBRANO	8051 COLONY CIRCLE S, 207 TAMARAC, FL 33321	
			Add Remove
	ing or adding additional Articles, en Iditional sheets, if necessary). (Be sp		
provisio		reclassification, or cancellation of iss t if not contained in the amendment i	

The date of each amendment	(s) adoption: 11/20/2009
Effective date if applicable:	(date of adoption is required)
Enecure date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_11/2	0/2009
Signature	t. Luc
	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court
	ointed fiduciary by that fiduciary)
	ISIDRO LUNA
	(Typed or printed name of person signing)
	PRESIDENT.
	(Title of person signing)