# P0900032552

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### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	LOFAM INC.				
DOCUMENT NUMBER: PO9 00	00032552				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
JONATHAN BERG					
N	lame of Contact Person				
HEUOF	EAM INC.				
Firm/ Company					
3131 GEA	INDIFLORA DR.				
	Address				
GREENACKE	5, FL 33467				
	ity/ State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
JONATHAN BERG	at(954)_30A-609Z				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  \$\text{Certified Copy} \text{(Additional Copy 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				

#### Articles of Amendment to

## · 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>T</u>	MATHEW WILSON	SUITE 303 FT. LAUDERPALE, FL 33308	Add Remove
AlA	CHRISTOPHER WILSON	3020 NF 32. AVE. SUITE 303 FT LAUDERDALE FL 33300	_ □ Add □ ☑ Remove
	•		_ □ Add _ □ Remove
	ending or adding additional Articles, enter h additional sheets, if necessary). (Be spec		ON NEXT PAGE
			<del></del>
prov	n amendment provides for an exchange, revisions for implementing the amendment if		
	if not applicable, indicate N/A)	···	
<del></del>			

## · 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
PT	EYAN BOYLSTON	9731 LANGSTER PL. BOXA EATON, FL 33434	Add (PEVISWN)  Remove
<u>S</u>	JONATHAN BERG	3131 GRANDIFLORA DI GREENA CRES, FL 33467	
MIA	ANDREW HEIST	283 PECSPECT DE. HAMBURG, NY 14075	Add (EEVISION I Remove
	g or adding additional Articles, enter clitional sheets, if necessary). (Be specific		
	ndment provides for an exchange, recla		
	for implementing the amendment if no applicable, indicate N/A)	ot contained in the amendment i	<u>tself:</u>
<del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>	<u> </u>		

The date of each amendment(s) add	option: 06-27-09			
	option:(date of adoption is required)			
Effective date if applicable:  (no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.			
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):			
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval			
by	n			
(votin	ng group)			
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder			
Dated				
selected, t	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)			
	JONATHAN BERG			
	(Typed or printed name of person signing)			
	SECRETARY			
	(Title of person signing)			