P09000072466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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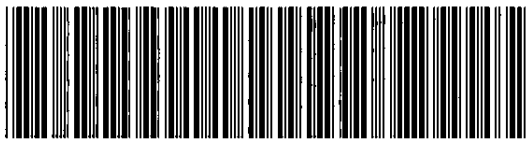

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10 NOV 19 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts NOV 19 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2010

ROBERTO DILENA
ENTERPRISE RESOURCE PLANNING INC
10305 NW 41 STREET SUITE 219
MIAMI, FL 33178

SUBJECT: LH 1002 CORP.
Ref. Number: P09000072466

We have received your document for LH 1002 CORP. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The document must have original signatures.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 610A00025851

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2010

ROBERTO DILENA
ENTERPRISE RESOURCE PLANNING INC
10305 NW 41 STREET STE 219
MIAMI, FL 33178

SUBJECT: LH 1002 CORP.
Ref. Number: P09000072466

We have received your document for LH 1002 CORP. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete registered agent name.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 010A00024741

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LH1002 CORP

DOCUMENT NUMBER: P09000072466

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

Please return all correspondence concerning this matter to the following:

ROBERTO DILENA
Name of Contact Person

ENTERPRISE RESOURCE PLANNING INC
Firm/ Company

10305NW 41 STREET SUITE 219
Address

DORAL MIAMI FL 33178
City/ State and Zip Code

HDAYTON548@GMAIL.COM, 3806LAWYER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO DILENA at (305) 471 5874
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
☐ $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 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
Articles of Incorporation
of

10 NOV 19 PM 2:46

SECRETARY OF STATE

LH 1002 CORP.

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

P09000072466

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

10305NW 41 STREET SUITE 219
DORAL MIAMI FL 33178
USA

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10305NW 41 STREET SUITE 219
DORAL MIAMI FL 33178
USA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: ENTERPRISE RESOURCE PLANNING INC

New Registered Office Address: 10305NW 41 STREET SUITE 219
(Florida street address)

DORAL MIAMI FL 33178, Florida 33178
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Title	Name	Address	Type of Action
PRESI	HECTOR DAVID DEJTIAR	10305NW 41 STREET SUITE 219 DORAL MIAMI FL 33178 USA	☑ Add ☐ Remove
VICEPI	DANIEL ALBERTO DEJTIAR	10305NW 41 STREET SUITE 219 DORAL MIAMI FL 33178 USA	☑ Add ☐ Remove
SECR	HECTOR DAVID DEJTIAR	10305NW 41 STREET SUITE 219 DORAL MIAMI FL 33178 USA	☑ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. 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)

The date of each amendment(s) adoption: October 14, 2010
(date of adoption is required)

Effective date if applicable: October 14, 2010
(no more than 90 days after amendment file date)

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

☑ The amendment(s) was/were adopted 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.

Dated 10/27/10

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)

Hector David Dentin
(Typed or printed name of person signing)

President - LH 1002 Corp
(Title of person signing)