P09000072466

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| · PICK-UP | ☐ WAIT | MAIL. |
| . · | siness Entity Nar | me) |
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| (Doc | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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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.

Letter Number: 610A00025851

Tina Roberts Regulatory Specialist II

www.sunbiz.org



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 COR | PORATION: | LH1002 CORP | |
|--|--|---|--|
| DOCUMENT N | UMBER: | P09000072466 | |
| The enclosed Arti | cles of Amendment and fee a | re submitted for filing. | |
| Please return all c | orrespondence concerning th | is matter to the following: | |
| | ROBERTO DILENA Name of Contact Person | | |
| | '' | and of Contact (cross) | |
| ENTERPRISE RESOURCE PLANNING INC | | | |
| _ | | Firm/ Company | |
| · | 10305NW 41 STREET SUITE 219 | | |
| | | Address | |
| | | RAL MIAMI FL 33178 | 1 |
| | C | ity/ State and Zip Code | |
| _ | HDAYTON548@GMAIL.C | COM, 3806LAWYER@GMAIL.CO | <u>M</u> |
| For further inform | nation concerning this matter, | please call: | |
| | OBERTO DILENA | at (305) 471 : Area Code & Daytime Telepho | 5874 |
| Name | e of Contact Person | Area Code & Daytime Telepho | one Number |
| Enclosed is a chec | k for the following amount n | nade payable to the Florida Departme | nt of State: |
| ☑ \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | S43.75 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

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10 NOV 19 PM 2: 44

| LH 1002 CORP. | Dent, of State) |
|--|-----------------|
| (Name of Corporation as currently filed with the Florida | Dept. of State) |
| D0000070400 | |

| ites, this Florida Profit Corporation adopts the follo |
|--|
| on: |
| The new poration," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation iation," or the abbreviation "P.A." |
| 10305NW 41 STREET SUITE 219 |
| DORAL MIAMI FL 33178 |
| USA |
| 10305NW 41 STREET SUITE 219 DORAL MIAMI FL 33178 USA |
| e address in Florida, enter the name of the dress: |
| SE RESOURCE PLANNING INC |
| 1 STREET SUITE 219 rida street address) |
| MI FL 33178 , Florida 33178 (Zip Code) |
| Agent: ilian with and accept the obligations of the position. Regimered 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 |
|----------------|--|---|----------------|
| PRESI | HECTOR DAVID DEJTIAR | 10305NW 41 STREET SUIT DORAL MIAMI FL 33178 USA | |
| VICEP | DANIEL ALBERTO DEJTIAO. | 10305NW 41 STREET SUIT DORAL MIAMLEL 33178 USA | |
| SECR | HECTOR DAVID DEJTIAR | 10305NW 41 STREET SUIT DORAL MIAMI FL 33178 USA | |
| | ding or adding additional Articles, enter additional sheets, if necessary). (Be speci, | | |
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| | The state of the s | obbronkler | |
| <u>provisi</u> | mendment provides for an exchange, reconst for implementing the amendment if in applicable, indicate N/A) | | |
| | | | |
| | | | |
| | AND THE PERSON NAMED IN COLUMN TO TH | | |
| | | | |
| | | | |

| The date of each amendment(s) | adoption: October 14, 2010 |
|--|--|
| Effective date if applicable: | (date of adoption is required) OCTOVEX 14 2010 no more than 90 days after amendment file date) |
| Effective date if applicable: | no more than 00 days after amondment file date) |
| . (4 | no more than 90 days after amenament fite date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. |
| | approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approval |
| by | " |
| (v | voting group) |
| The amendment(s) was/were action was not required. | adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and shareholder |
| Dated_/O | 127/10 |
| Signature | |
| selecte | director, president or other officer – if directors or officers have not been ed by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) |
| - | HECTOR DAVID DENTIAL (Typed or printed name of person signing) |
| - | (Title of person signing) |