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COVER LETTER

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TO: Amendment Section Division of Corporations

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| NAME OF CORPORATION:LUMI6 | 4 Corporation | |
|--|--|--|
| DOCUMENT NUMBER: PO9000 | 098451 | |
| The enclosed Articles of Amendment and fee are s | ubmitted for filing. | |
| Please return all correspondence concerning this m | atter to the following: | |
| | lloria Festa | |
| Name Name | e of Contact Person | |
| Lu | MIGY Corporation | J |
| F | irm/ Company | |
| 588 | 9 SW 29 St. | |
| · · · · · | Address | |
| Ч | | |
| | Hi, FL 33155 | |
| City/ | State and Zip Code | |
| E-mail address: (to be used fo | STA @ HOT MALL · CO | <u>M</u> |
| For further information concerning this matter, ple | așe call: | |
| Gloria Festa | at (305) 205 23 | 593 |
| Name of Contact Person | Area Code & Daytime Telep | <u> </u> |
| Enclosed is a check for the following amount mad | e payable to the Florida Departr | nent of State: |
| \$35 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 | 1- |
| · · · | Articles of Incorporation | E. |
| | of | 10 10 K |
| LINNEY | CORDORATION | ept. of State) |
| (Name of Corporation as curr | | ent of State) |
| | | AASSA OF |
| | 00098451 | |
| (Document Nur | mber of Corporation (if known) | SORID. |
| suant to the provisions of section 607.100 endment(s) to its Articles of Incorporation: | 06, Florida Statutes, this Florid | da Profit Corporation adopts the follow |
| If amending name, enter the new name o | of the corporation: | |
| | | The new |
| ne must contain the word "chartered," "pro | | or "Co". A professional corporation abbreviation "P.A." |
| e must contain the word "chartered," "pro Enter new principal office address, if ap | ofessional association," or the plicable: | |
| ne must contain the word "chartered," "pro Enter new principal office address, if app incipal office address <u>MUST BE A STREI</u> | ofessional association," or the plicable: ET ADDRESS) | |
| te must contain the word "chartered," "pro Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable | ofessional association," or the <u>plicable:</u> <u>ET ADDRESS</u>) | |
| te must contain the word "chartered," "pro Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable | ofessional association," or the <u>plicable:</u> <u>ET ADDRESS</u>) | |
| ne must contain the word "chartered," "pro Enter new principal office address, if app Incipal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable | ofessional association," or the <u>plicable:</u> <u>ET ADDRESS</u>) | |
| ne must contain the word "chartered," "pro Enter new principal office address, if app Incipal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable | ofessional association," or the <u>plicable:</u> <u>ET ADDRESS</u>) | |
| te must contain the word "chartered," "pro Enter new principal office address, if app Incipal office address <u>MUST BE A STREE</u> <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OFF</u> | ofessional association, " or the plicable: <u>ET ADDRESS</u>) <u>E</u> : <u>(CE BOX</u>) <u>registered office address in Fl</u> | abbreviation "P.A." |
| te must contain the word "chartered," "pro Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u> <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OFF</u> | ofessional association, " or the plicable: <u>ET ADDRESS</u>) <u>E</u> : <u>(CE BOX</u>) <u>registered office address in Fl</u> | abbreviation "P.A." |
| ne must contain the word "chartered," "pro Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u> <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OFF</u> <u>If amending the registered agent and/or</u> <u>new registered agent and/or the new reg</u> | ofessional association, " or the plicable: <u>ET ADDRESS</u>) <u>E</u> : <u>(CE BOX</u>) <u>registered office address in Fl</u> | abbreviation "P.A." |
| ne must contain the word "chartered," "pro Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u> <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OFF</u> | ofessional association, " or the plicable: <u>ET ADDRESS</u>) <u>E</u> : <u>(CE BOX</u>) <u>registered office address in Fl</u> | abbreviation "P.A." |
| ne must contain the word "chartered," "pro Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u> <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OFF</u> <u>If amending the registered agent and/or new registered agent and/or the new reg</u> <u>Name of New Registered Agent</u> : | ofessional association, " or the plicable: <u>ET ADDRESS</u>) <u>E:</u> <u>ICE BOX</u>) <u>registered office address in Fl</u> <u>istered office address:</u> | abbreviation "P.A." |
| the must contain the word "chartered," "pro Enter new principal office address, if application incipal office address <u>MUST BE A STREE</u> <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OFFI</u> <u>If amending the registered agent and/or</u> <u>new registered agent and/or the new reg</u> | ofessional association, " or the plicable: <u>ET ADDRESS</u>) <u>E</u> : <u>(CE BOX</u>) <u>registered office address in Fl</u> | abbreviation "P.A." |
| ne must contain the word "chartered," "pro Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u> <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OFF</u> <u>If amending the registered agent and/or</u> <u>new registered agent and/or the new reg</u> <u>Name of New Registered Agent</u> : | ofessional association, " or the plicable: <u>ET ADDRESS</u>) <u>E:</u> <u>ICE BOX</u>) <u>registered office address in Fl</u> <u>istered office address:</u> | abbreviation "P.A." |
| ne must contain the word "chartered," "pro Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u> <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OFF</u> <u>If amending the registered agent and/or new registered agent and/or the new reg</u> <u>Name of New Registered Agent</u> : | ofessional association, " or the plicable: <u>ET ADDRESS</u>) <u>E:</u> <u>ICE BOX</u>) <u>registered office address in Fl</u> <u>istered office address:</u> | abbreviation "P.A." |

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Signature of New Registered Agent, if changing

Page 1 of 3

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> | Name | <u>Address</u> | <u>Type of Action</u> |
|------------------------------|--------------|---------------------------------|-----------------------|
| VICE PRESIDENT BRASUN Q | LYDIN BATHAM | 5889 SW 29 St MIRMY F1 33155 | Add Remove |
| Vice President Treasure a | Gloriz FPST2 | 5889 SW 29 St MIRMI A 33155 | Add |
| | | • | [] Add [] Remove |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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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)

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| | N/A | |
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|--|---|
| The date of each amendment | s) adoption: JANUAMY 2010 |
| • | (date of adoption is required) |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/wer by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval. |
| | e approved by the shareholders through voting groups. The following statement if for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes of | ast for the amendment(s) was/were sufficient for approval |
| by | . " |
| | (voting group) |
| The amendment(s) was/wer action was not required. | e adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | e adopted by the incorporators without shareholder action and shareholder |
| Dated | NUADU U 2010 |
| | Ray no- |
| Signature (By | a director, president or other officer – if directors or officers have not been |
| | cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary) |
| , , | |
| | Glorizfestz |
| | (Typed or printed name of person signing) |
| | 2 |
| | (Title of person signing) |
| | (The of person signing) |
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