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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: L. L. D. J. CORP.						
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person						
Firm/ Company						
Miami/Floriclu/33167. City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Contact Person at (305) 409 - 6174. Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)						
Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations						

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as current	ly filed with the Florida De 2024 State 13 AM 9.1.0
	- ni 0:40
	Corporation (if known) SECRETARY OF STATE Florida Profit Corporation when the fell of th
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", 2 "chartered," "professional association," or the abbreviation "P.A."	1 professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A-
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent LCOO].	<u>Solis</u>
— SV3 (Florida stre	o sw 112 AVE
New Registered Office Address: LICU	City) Florida 33195, (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of South	gistered Agent, if changing
	Secretaria de Company

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Please note the officer/director title by the first letter of the office title:

P = President: V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustec; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John I	Doc	
X Remove	<u>V</u>	Mike.	lones	
X Add	<u>sv</u>	Sally S	Smith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change			Loon J. Solis	3630 SW 112th Atc
X Add				Miami FU 33165.
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				

atach <i>additional sheets, if necess</i>	aal Articles, enter change(s) here: sary). (Be specific)
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	N H.
	(
	<u> </u>
	an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the (if not applicable, indicate N	ne amendment if not contained in the amendment itself:
(ң ноғ аррисате, тассағе м	(7A)
	NIT.
	1
	<u> </u>

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file da	le)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the a licient for approval.	mendment(s)
	oved by the shareholders through voting groups. The followich voting group entitled to vote separately on the amendm	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
selected,	for, president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	e not been r other court
_	(Typed or printed name of person signing)	
	President (Title of person signing)	