# 910000049237

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### **COVER LETTER**

TO: Amendment Section

**Division of Corporations** LAPIN, INC NAME OF CORPORATION: P10000049237 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DANIEL ORTIZ Name of Contact Person LAPIN, INC Firm/ Company 1025 EAGLE LAKE TR #503 Address PORT ORANGE, FL 32129 City/ State and Zip Code CREMONA303@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIEL ORTIZ 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: ☐ \$43.75 Filing Fee & ■ \$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address **Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

## LAPIN, INC

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

## 10 JUL -6 PM 3: 36

### P10000049237

(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:

amendment(s) to its Articles of Incorporation:			:		
A. If amending name, enter the new name	of the corporatio	<u>n:</u>	•		
1.			The new		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pi	he designation "C	orp," "Inc," or "Co".	or "incorporated" or the A professional corporation		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		1025 EAGLE LAKE TRAIL			
		#503			
		PORT ORANGE,	FL 32129		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		1025 EAGLE LAKE	: TRAIL		
•		#503 PORT ORANGE, F	L 32129		
D. If amending the registered agent and/or	registered office	address in Florida, en	ter the name of the		
new registered agent and/or the new reg	gistered office ado	iress:	•		
Name of New Registered Agent:			'		
	1025 EAGLE	LAKE TRAIL #503	<u>:</u>		
New Registered Office Address:	(Flori	da street address) 🥣	4 +		
PORT ORA			Florida 32129		
- Committee of the second	(City)	~ (Z	p Code)		
New Registered Agent's Signature, if chang	ging Registered A	gent:			
I hereby accept the appointment as registered	agent. I am fami	liar with and accept the	obligations of the position.		
· · · · · · · · · · · ·	Signature of New	Registered Agent, if ch	anging		

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The date of each amendment(s)	adoption:	6/28	10		·	
to to a			option is requ	uired)		
Effective date if applicable:		628			, ,	
(n	o more than 9	90 days after a	mendment fi	le date)		
•			•		· •	
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The amendment(s) was/were a must be separately provided for	• • •		_			-
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by <u>·                                     </u>	······································		•	,,		
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