P10000052749

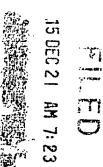
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: __ LROSTOW SERVICES INC **DOCUMENT NUMBER:** P10000052749 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAURYN CHARLES Name of Contact Person ACCOUNTABLE FINANCIALS SERVICES GROUP IN Firm/ Company 625 SE 10TH STREET SUITE 2 Address DEERFIELD BEACH, FL 33441 City/ State and Zip Code LCHARLES@AFSGCONSULTING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAURYN CHARLES 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address**

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

LROSTOW SERVICES INC (Name of Corporation as currently filed with the Florida Dept. of State) P10000052749 (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: N/A 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." 12220 QUILTING LANE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) BOCA RATON, FL 33428 C. Enter new mailing address, if applicable: 12220 QUILTING LANE (Mailing address MAY BE A POST OFFICE BOX) BOCA RATON, FL 33428 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 (Florida street address) New Registered Office Address: Florida (City) 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)

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 = Trustee; 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 Doe 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	Y	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change		N/A	·	
Add				
Remove				
2) Change		N/A		
Add				
Remove				
3) Change		N/A		
Add				
Remove				
4) Change		N/A		
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Remove				
5) Change		N/A		
Add				
Remove				
Kemove				
6) Change		N/A	1.5180.5	
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Remove				

trimen anan	<mark>or adding additional Artic</mark> tional sheets, if necessary).	(Be specific)			
∛A					
	 				
<u>.</u>					
	<u> </u>				
If an amend	lment provides for an exchi for implementing the amer	ange, reclassification,	or cancellation of issu	ed shares.	
(if not	applicable, indicate N/A)	idment ii not containe	u in the amenument i	iseii:	
N/A					
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	/15/15	
Enective date it applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by	."	
, <u> </u>	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
12/15/15 Dated		
Signature		
(By a selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other of inted fiduciary by that fiduciary)	
	LYSANDER ROSTOW	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	