## P10000081935

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: TSI LOVOJET, COIP
DOCUMENT NUMBER: P100008935
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anamaria Moran  Name of Contact Person
TSI Lavayet, Corp Firm/Company
1578 NW 165 St Address
MIGMI FL 33169 City/ State and Zip Code
In Foot + SI Lavayet. Com E-mail address: (to boused for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 625 9318  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Status S
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

#### **Articles of Amendment**

to

# Articles of Incorporation of TSI LOVAJEH, CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P1000008935

(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:

ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "C	orp," "Inc," or "C	o". A professional corp
. Enter new principal office address, if apprincipal office address MUST BE A STREE			
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			
. If amending the registered agent and/or			, enter the name of the
new registered agent and/or the new regi	istered office ad	dress:	
Name of New Registered Agent:			
Name of New Registered Agent:			
Name of New Registered Agent:			
	(Flor	ida street address)	<del></del>
Name of New Registered Agent:  New Registered Office Address:	(Flor	ida street address)	
	(Flor		, Florida (Zip Code)

### 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)

Title · Name <u>Address</u> Type of Action 1578 NW 165 S+ Add Add Remove Antonella Florentino \_\_\_\_\_ ☐ Add \_\_\_\_\_ ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s	) adoption: 05.14.2011
C'Costive date if applicable	(date of adoption is required)
(	(no more than 90 days after amendment file 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) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement 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	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	.14.2011
Signature	
(By a' 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)
_	Marco Jedeo
	(Typed or printed name of person signing)
_	Yresiden+
	(Title of person signing)