P11000640880

_	(Requestor's Name)			
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	(Business Entity Name)			
-· -	(Document Number)			
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: LPD INVESTMENTS INC. DOCUMENT NUMBER: P110000 40380					
DOCUMENT NUMBER: 171000 40330					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
VERA PINAR DIKITEM Name of Contact Person					
LPD INVESTMENTS IN (_ Firm/ Company					
3903 FONTAINEBLEAU DIL Address					
TAMPA, FC 33634 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
ENCAT DIKONGO at 813 , 562 8077 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:					
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of Status					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation of

to

LPD INVEST	TMENTS	INC				
(Name of Corpora			la Dept. of State)			
P 11 0000	-	-				
		orporation (if knows	 n)			
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:		•		llowing am	endir	nent(s)
A. If amending name, enter the new name of the	corporation:					
				Th_{ν}	e ne	147
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	p." "Inc," or "Co	". A professional o		the abbre	viatio	m
B. Enter new principal office address, if applicab	le:				~~	
(Principal office address MUST BE A STREET AD	DDRESS)			三門		m
				70:	ည	=
		-		_ ~~	- 0 -	m
C. Enter new mailing address, if applicable:				2.5	<u> </u>	\Box
(Mailing address MAY BE A POST OFFICE B	<u>OX</u>)				 -	
				II)	-	
		- , , , .				
					—	
D. If amending the registered agent and/or regist new registered agent and/or the new registered		s in Florida, enter t	the name of the			
Name of New Registered Agent						
	(Florida strect	and demand				
	(F tortaa Mreet	uauressy				
New Registered Office Address:		ity)	, Florida	(Zip Code,		
	10	(1,3)		(Zifi Citae)	,	
New Registered Agent's Signature, if changing Re	egistered Agent:					
I hereby accept the appointment as registered agent.	I am familiar wit	h and accept the obl	ligations of the pos	ition.		
Siv	mature of New Rev	istered Avent if cha	nging			

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	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) K Change		DAVID CEVENT DIEMEN	3403 FONTHINE BLEAU DE
Add			TAMPA, FL 33634
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary)	ticles, enter change(s) (Be specific)	_		
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··· <u></u> .	_			
	- -	·-,-		
				
f an amendment provides for an exc	hange, reclassificatio	n, or cancellation of	issued shares,	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not contai	ned in the amendme	nt itself:	
(y noi applicante, maicate 1872)				
				<u>_</u> _
			<u>-</u>	
-				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 6 29 2017 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other officer – if directors or officers have not been	
(By a director, president or other officer – if directors or officers have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
DAVID LEVENT DIKINEN	
(Typed or printed name of person signing)	
VICE PRESIDENT (Title of person signing)	
(Title of person signing)	