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COVER LETTER

TO: Amendment Section

Division of Corporations Lvanna NAME OF CORPORATION: **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 For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section **Amendment Section** Division of Corporations **Division of Corporations** P.O. Box 6327 **Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32314

* Changing an "S Corporation" Please See Section E." Thankyon.

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

of State)
Profit Corporation adopts the following
CORP. PR
npany," or "incorporated" or the Co". A professional corporation reviation "P.A."
Junset Lakes In.
rith-Island, FL
32953
Sunset Lakes Dr.
it Island, FL
32723
a, enter the name of the
s Drive
, Florida32953
(Zip Code)
ot the obligations of the position.

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	,	Name		Address
1)		**************************************	 -	
2)		 		
3)			-	
4)			·	
5)				
· 				
6)			 - -	
If REMOVIN	NG an office	er and/or director, please list t	he title(s) and	name of the officer/director to be removed;
Title(s)	<u>Name</u>		Title(s)	Name
1)			4)	
2)			5)	
3)			6)	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
France Lean Inc was formed by my Atty
Mr. Stahlay. I was not aware that & had to
personally Sond in a "Sub 5 Application" by
any dodline to change it.
Place Change my Consoration, Ivanna Lann Inc.
to an "5 Corporation" affective immediately.
My husband took a job in Wevada on
August 2nd 2011 some have been traveling
together, and my documents were liked into
cabinet at home.
I am traily sorry for the delay in my
represt but I just was intermed of othis
Obats 194 on 11/30/11.
tank you.
- Allelly
<u> </u>

provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A
The date of each amendment(s) adoption:
Effective date if applicable: 1130 11 X 1800 500 500 500 100 100 100 100 100 100 1
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 cast for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ 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.
Dated
Signature Signat
(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)
LeAnd Miltyan
(Typed or printed game of person signing)
Ynsidant-
(Title of person signing)