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COVER LETTER

TO: Amendment Section Division of Corporations

. . .

NAME OF CORPORATION	ON:	LILA HEADIN	G CORP.			
DOCUMENT NUMBER: ,		P1200003	7696			
The enclosed Articles of Am	endment and fee are su	bmitted for filing	<u>7</u> .			
Please return all corresponde	ence concerning this ma	tter to the follow	ing;			
		PEDRO P	. SAEZ			
		Name of Con	tact Person	1		
		SAEZ & ASS	OCIATES	3		
		Firm/ Co	mpany			
	777 F	BRICKELL AVE	ENUE, SU	ITE 1110		
	Address					
	MIAMI, FL 33131					
	•	City/ State an	d Zip Cod	e		
		PSAEZ@S	AEZLAW	.COM		
	E-mail address: (to be us	sed for future and	nual report	notification)		
For further information conc	erning this matter, pleas	se call:				
MARIEL	A VECCHIO	at (305	3580028		
Name of Cor	tact Person		Area Co)de & Daytime Telephone Number		
Enclosed is a check for the f	ollowing amount made	payable to the Fl	orida Depa	artment of State:		
S35 Filing Fee	3\$43.75 Filing Fee & Certificate of Status	S43.75 Filir Certified Co (Additional of enclosed)	ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LILA HEADING CORP.

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P1200003	7696
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	是 号 五
	588
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
· · · · · ·	
	228
D. If amending the registered agent and/or registered office adonew registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	t:
I hereby accept the appointment as registered agent. I am familiar	
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 = ChiefExecutive 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DV	Manuel Polini Montero	770 CLAUGHTON ISLAND DR.
X Add			SUITE 1914
Remove			MIAMI, FL 33131
2) Change			
Add			
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			 -
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	additional sheets, if necessary). (Be specific)	
/A		
		••••
		-
		····
- <u>-</u>		
	the state of the s	and the state of the same
II an a	mendment provides for an exchange, reclassification, or ea- sions for implementing the amendment if not contained in	the amendment itself:
(if not applicable, indicate N/A)	
'A		
		·
<u> </u>		

The date of each amendment(s) adoption:date this document was signed.	· , if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date,)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will 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 ame by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(yoting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.	hareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharel action was not required.	nolder
10/11/17	
Dated / / / / / / / / / / / / / / / / / / /	
N Dollar Hip	
Signature (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 o	
appointed fiduciary by that fiduciary)	
MARUEL H. Polini	
(Typed or printed name of person signing)	
President	
(Title of person signing)	