# P12000049017

| (Reques                        | tor's Name)     |        |
|--------------------------------|-----------------|--------|
| (Address                       | s)              |        |
| (Address                       | \$)             |        |
| (City/Sta                      | te/Zip/Phone #) |        |
| PICK-UP                        | WAIT            | MAIL   |
| (Busines                       | s Entity Name)  |        |
| (Docume                        | ent Number)     |        |
| Certified Copies               | Certificates of | Status |
| Special Instructions to Filing | ) Officer:      |        |
|                                |                 |        |
|                                |                 |        |
|                                |                 |        |
| Certified Copies               | Certificates of | Status |

Office Use Only



900242285399

12/17/12--01020--013 \*\*35.00

12 DEC 17 PM 2: 54

FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS

Amenda 10/17/12

### **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| NAME OF CORPORATION: L.R. Caldwell International, Inc. DOCUMENT NUMBER: P12000049017   |
| 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  L.R.Caldwell International, Inc.  Firm/ Company  5/5 Ferguson dr  Address  Orlando, FL 32805  City/ State and Zip Code  Info @LRCIS. Com  E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call:   |
| Lornie Caldwell at 407,535 6485  |
| 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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)   |

## **Mailing Address**

TO: Amendment Section

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

## Street Address

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

# Articles of Amendment to

| Articles of  | i incorporation  | SON G           |
|--|--|-----------------|
| L.R. Caldwell Interne  | ational Inc.   | COEC 17         |
| (Name of Corporation as currently filed with the   |  | ,               |
| P12000049017   |  |                 |
| (Document Number of Corporation  | on (if known)  |                 |
| Pursuant to the provisions of section 607.1006, Florida Statutes, tas Articles of Incorporation:   | this Florida Profit Corporation adopts the following   | amendment(s) to |
| A. If amending name, enter the new name of the corporation   | $\Lambda \setminus \Lambda$  | The new         |
| name must be distinguishable and contain the word "corpor" (Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," overd "chartered," "professional association," or the abbreviation.   | ration," "company," or "incorporated" or the abb<br>or "Co". A professional corporation name must co   | reviation       |
| B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )   | N/A  |                 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | P.O.Box 585691<br>Orlando, FL<br>32858-5691  |                 |
| <ol> <li>If amending the registered agent and/or registered office and new registered agent and/or the new registered office add</li> </ol>  |  |                 |
| Name of New Registered Agent (Florid   | da street address)   |                 |
| New Registered Office Address:   | , Florida  |                 |
| (4)  | (Zip Code)   |                 |
| New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered R | gent:  |                 |
| hereby accept the appointment as registered agent. I am famil  | mar with and accept the obligations of the position.   |                 |
| G. CH. D. C.   | and the control of th |                 |
| Signature of New Registe   | rea 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> <u>Joh</u>  | n Doe          |                                |
|-------------------------------|-----------------------|----------------|--------------------------------|
| X Remove                      | <u>V</u> <u>Mik</u>   | se Jones       |                                |
| X Add                         | <u>SV</u> <u>Sall</u> | y <u>Smith</u> |                                |
| Type of Action<br>(Check One) | Title                 | <u>Name</u>    | <u>Addres</u> s                |
| l)Change                      | <u>CFO</u>            | Yi Xian Luo    | 7968 Ningara Falls Ct          |
| Add Remove                    |                       | ·              | 32825                          |
| 2) Change                     | CFO                   | Fangthong Shi  | Co25 Bolling dr<br>Orlando, FL |
| Remove                        |                       | <b>%</b> 4 €   | 32808                          |
| 3) Change                     | <del></del>           |                |                                |
| Add                           |                       |                |                                |
| Remove                        |                       |                |                                |
| 4) Change                     |                       |                |                                |
| Add                           |                       |                |                                |
| Remove                        |                       |                | <del></del>                    |
| 5) Change                     |                       |                |                                |
| Add                           |                       |                |                                |
| Remove                        |                       |                |                                |
| 6) Change                     |                       |                |                                |
| Add                           |                       |                |                                |
| Remove                        |                       |                |                                |

| If amending or adding additional Art<br>Attach additional sheets, if necessary). |                       | here:                                 | [A           |            |
|--|-----------------------|---------------------------------------|--------------|------------|
|  |                       | , , , , , , , , , , , , , , , , , , , | 1            |            |
|  |                       |                                       | •            |            |
|  |                       |                                       |              |            |
|  |                       |                                       |              |            |
|  |                       |                                       |              |            |
|  |                       |                                       |              |            |
|  |                       |                                       |              |            |
|  |                       |                                       |              |            |
|  |                       |                                       |              |            |
|  |                       |                                       |              |            |
|  |                       |                                       |              |            |
|  |                       |                                       |              |            |
|  | -                     |                                       |              |            |
|  |                       | <del></del>                           |              | . <u>.</u> |
|  |                       |                                       | <del></del>  |            |
|  |                       |                                       |              |            |
|  |                       |                                       |              |            |
| If an amendment provides for an exc  |                       |                                       |              |            |
| provisions for implementing the am (if not applicable, indicate N/A)             | endment if not conta- | ned in the amendin                    | ent usen:    |            |
| Authorized "   | Shares                | limite                                | d to         |            |
| 50,000 (f  | ifty th               | nusand                                | []           |            |
| 50,000 (f  | 112/20                | t AD                                  | 20 I         |            |
| De la  | <u> </u>              | <u> </u>                              | ~~           |            |
|  |                       | <del></del>                           | <del> </del> |            |
|  |                       | <u></u>                               |              |            |
|  |                       |                                       |              |            |
|  |                       |                                       |              | ··         |