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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: LIONEL ANDREY	W. INC		
DOCUMENT NUMBE	R: P12000055367			
	"Amendment and fee are su	bmitted for fili	ng.	
Please return all correspo	ondence concerning this ma	tter to the follo	owing:	
_		N	ontact Persor	
	GLADES BI	Name of C USINESS SE		
_			Company	
	1825 MA	AIN STREET	• •	
_	Address			
	WESTON, FL 33326			
_		City/ State	and Zip Cod	e
	esa	andoval@glad	descs.com	
 	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	concerning this matter, pleas	a call:		
of fattact information (concerning this matter, pieas	se carr.		
Elizabeth Sandoval		at (954	
Name of	Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the	Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fi Certified ((Additional enclosed)	Copy Il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations				Address
		Amendment Section Division of Corporations		
	ox 6327			Building
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LIONEL ANDREW INC.

	LIONEL A	NDREW, INC	
(<u>Name</u>	of Corporation as curre	ntly filed with the Florid	fa Dept. of State)
	P120000	55367	
	(Document Number	of Corporation (if know	1)
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, th	is Florida Profit Corpor	ation adopts the following amendment(s) to
A. If amending name, enter the new m	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	"Co". A professional	incorporated" or the abbreviation
D. Unter many animals of the address.	if and limiting	N/A	•
B. Enter new principal office address, (Principal office address MUST BE A S			Zv. 5
			THE RESERVE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	SSEE D
			FLOR
		·	08
D. <u>If amending the registered agent an</u>	id/or registered office ad	idress in <u>Florida, ent</u> er i	the name of the
new registered agent and/or the new			
Name of New Registered Agent	GLADES BUSINESS	SERVICES LLC	
	1825 MAIN STREET SUITE # 8		
	(Florida .	strect address)	
New Registered Office Address:	Weston		. Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	ered agent. I diffimilia	r with and accept the obi	igations of the position.
	Signature of New	: Registered Agent if cha	neine

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.

X Change	PT John	Doe		
X Remove	V Mike	Mike Jones		
X Add	<u>SV</u> <u>Sally</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	P,\$	Glades Corporate Services, LLC	1940 Wilson Street	
Add			Hollywood, FL 33020	
X Remove				
2) Change	P.S	Glades Business Services, LLC	1825 Main Street, Suite # 8	
X Add			Weston, FI 33326	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
51 Change				
Add				
Remove				
6) Change				
Add				
Remove				

(At	mending or adding additional Articles, enter change(s) here: sch additional sheets, if necessary). (Be specific)	
i/A		
		—
-		
<u>If a</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,	
pro	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
	gy nor approxime, marcate (MA)	
4		
		_
		_

	07/05/2018	, if other than the
The date of each amendment(s) ado date this document was signed.	ption:	If CRIET than the
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendicient for approval.	lment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment(
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and sha	reholder
action was not required. 07/05/2018 Dated Signature		
selected,	ector, president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or oth d fiduciary by that fiduciary)	
E	lizabeth Sandoval by Glades Bussines Services, LLC its I	Manager
_	(Typed or printed name of person signing)	
	President of Lionel Andrew INC	

(Title of person signing)