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(((H120002265213)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LEBRON ACCOUNTING SERVICES INC

Account Number : I20110000076 Phone : (813)877-8918

Fax Number : (813)514-2806

\*\*Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.\*\*

Email Address: Phioreconning & ches.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN L C G GROUP INC

SEP 11, AM 8: 09

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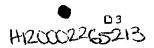
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SEP 1 4 2012

T. ROBERTS

Fax Services

→ 18506176380



## **COVER LETTER**

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: L C G GRO	OUP INC	
DOCUMENT NUMBER: P1200007264	10	
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
MILKA HASKINS	S	
HASKINS & HEF	Name of Contact Person	•
	Firm/ Company	
5116 N ARMENI	• •	
TAMPA, FL 3360	Address	
,	City/ State and Zip Cod	c
LEDDONAGOUNT		
LEBRONACCOUNT		
E-mail address; (to be u	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
MILKA HASKINS	at (813	877-8918 de & Daytime Felephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dept	artment of State:
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, Fl. 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

## Articles of Amendment to Articles of Incorporation of

L C G GROUP INC			
· (Name of Corporation as currently	filed with the Florid	a Dept. of State)	
P12000072640			
(Document Number	of Corporation (if kno	wn)	
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:	ida Statutes, this Flort	da Profit Corporation ad	opts the following amend
1. If amending name, enter the new name of the	corporation:		
·			The m
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Cow word "chartered," "professional association," or the	rp," "Inc," or "Co".	A professional corpora	rated" or the abbreviati
B. Enter new principal office address, if applicat			
(Principal office address <u>MUST BE A STREET AL</u>	ODRESS )		
	_		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	KOY)		
(manag and cas MAT BE A TOBY OF TELE A	<u></u>		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or regist new registered agent and/or the new registere		n Florida, enter the nam	e of the
Name of New Registered Agent			
The second secon			
	tFlorida street oa	(dress)	
New Registered Office Address:		, l'lorida_	
ven hegistetete Office Attaress.	(City)	, i ioriuu_	(Zip Code)
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent.	egistered Agent: . I am familiar with a	md accept the obligations	of the position.
Signature of	New Registered Agent	, if changing	

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

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P = President, V - Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee: C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Fluorical 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 Y. There is a change, Mike Jones leaves the corporation, Sally Smith is named the Y and S. These should be noted as John Doe, PT as a Change, Mike Jones, Y as Remove, and Sally Smith, SY as an Add.

Example: X Change	<u>P (</u> .	John Doc	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	GIANLUCA QUATRARO	455 ALT 19TH S
X Add			PALM HARBOR, FL 34698
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			4
Remove			
5) Change	****		
Add			
Remove			
6) Change			
Add			
Remove			**************************************

	ns, if necessary).	(Be specific)			
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an amendment pro provisions for imple (if not applicable	menting the ame	hange, reclassifi indment if not c	icution, or cance contained in the s	lation of issued s umendment itself	shares. L
provisions for imple	menting the ame	hange, reclassifi indment if not c	ication, or cance contained in the s	llation of issued s imendment itself	shares.
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f an amendment pro provisions for imple (if not applicable	menting the ame	hange, reclassifendment if not c	ication, or cance	llation of issued s amendment itself	shares.

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The date of each amendments	(s) adoption: 09/13/2012
Effective date if applicable:	09/13/2012
Enective date in apparente.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement of 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
pi.	(voting group)
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Signaturé (B	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court
ар	pointed fiduciary by that fiduciary)
	GIANLUCA QUATRARO (Typed or printed name of person signing)
	SECRETARY

(Title of person signing)