Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BUSINESS SUPPORT USA

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: (305)907-1983

Fax Number

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN LENSUR CORP.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Lensur Co	эгр.
DOCUMENT NUMBER: P130000247	58
The enclosed Articles of Amendment and fee are	
Please return all correspondence concerning this n	natter to the following:
NELSON ODEL	LA
	Nume of Contact Person
LENSUR CORP	
	Firm/ Company
407 LINCOLN R	RD SUITE 11 H
	Address
MIAMI BEACH,	FL 33139
	City/ State and Zip Code
LENSUR@LIVE.CO	DM
	used for future annual report notification)
For further information concerning this matter, ple	ase call:
NELSON ODELLA	at (305) 364 8824
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:
٥	
■ \$35 Filing Fee ■ \$43.75 Filing Fee &	□\$43.75 Filing Fee & □\$52.50 Filing Fee
Certificate of Status	Certified Copy Certificate of Status
	(Additional copy is Certified Copy
	enclosed) (Additional Copy
	is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, Fl. 32301

•	Amendment to	್ರ ಪ	
Articles of 1	Incorporation); [- D	
	of in) ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	77
LENSUR CORP.		ं क	[[]
(Name of Corporation as currently filed with the	e Florida Dept. of Sinte)	· <u> </u>	
P13000024758		•	
(Document Number of Corporation	ı (if known)	∷ on	
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	ns Florida Profit Corporation adopts the following:		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abb		
B. Enter new principal office address, if applicable:	6187 NW 167 ST SUITE#H20		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33015		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6187 NW 167 ST SUITE# H20		
	MIAMI, FL 33015		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	idress in Florida, enter the name of the ess:		
Name of Now Registered Agent			
(Florida	street veletress)		
	Plantin		
New Registered Office Address: (C)	Florida (Zip Code)		
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia			
Signature of New Registere	ed Agent, if changing		

Page 1 of 4

If smending 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 = Chalman 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 PT John Dac X Remove <u>V</u> Mike Jones X Add <u>5V</u> Sally Smith Type of Action Title <u>Addres</u>s Name (Check One) Change Λdd Remove Change Add Remove Change Λdd Remove Change Λdd Remove Change

Page 2 of 4

Add

Remove

Change

 Λdd

Remove

	uaunonai sneets,	if necessary). (ne specific)			

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provis	mendment provid sions for implement of not applicable, in	nting the amend:	ge, reclassificati ment if not confe	on, or cancellati ined in the ame	on of issued shares, adment itself:	
			<u></u>			
	<u>-</u>			· · · · · · · · · · · · · · · · · · ·		
				····		

Page 3 of 4

The date of each amendment(s) ad-	option: 12/12/2013	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adaption of Amendment(s)	(CHECK ONE)	
l'he amendment(s) was/were ador by the shareholders was/were suf	nted by the shareholders. The number of votes cust for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by		
	(varing group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The antendment(s) was/were adoptaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 12/12/20	13	
Signature	Medican Standing	
(Ry a dir selected	rector, provident or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
<u> </u>	NELSON ODELLA	
•	(Typed or printed name of person signing)	
I	PRESIDENT	
-	(Title of person signing)	