01/01/2012 00:03 FAX 9/18/2014

SSO 24758

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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

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C. CARROTHERS

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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | | |
|---|--|--|--|--|--|--|
| NAME OF CORPORATION: LENSUR CORP. | | | | | | |
| DOCUMENT NUMBER: P13000024758 | | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| NELSON ODELLA | | | | | | |
| Name of Contact Person PRESIDENT | | | | | | |
| 6187 NW 167ST, STE H20 | | | | | | |
| MIAMI, FL 33015 | | | | | | |
| City/ State and Zip Code LENSUR@LIVE.COM E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| NELSON ODELLA (305), 4390246 | | | | | | |
| 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: | | | | | | |
| S35 Filing Fee Certificate of Status Certified Copy (Additional copy is circlosed) Certified Copy (Additional Copy is enclosed) | | | | | | |

Mailing Address
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

Ø 004

SEP 18 AH 8: 48

Articles of Amendment to Articles of Incorporation of

| LENSUR CORP | A CONTRACTOR OF THE PROPERTY O |
|--|--|
| (Name of Corporation as currently file P13000024758 | ed with the Florida Dept. of State) |
| (Document Number of C | Corporation (if known) |
| Pursuant to the provisions of section 607, 1006, Florida Sits Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the cor | poration: |
| | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a | "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A." |
| B. <u>Enter gew principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADD</u> E | |
| | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX | 9 |
| | |
| D. If amending the registered agent and/or registere new registered agent and/or the new registered of | |
| Name of New Registered Agent | |
| | (Flarida street address) |
| New Registered Office Address: | (City) (Zip Code) |
| | (City) (Zip Code) |
| New Designation of Assessed Assessed Science of the Control of the | Annual Annua |
| New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I | stered Agent: am familiar with and accept the obligations of the position. |
| | |
| Signature of New | v Registered Agent, if changing |

Page 1 of 4

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 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, Sully 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 De | QQ. | |
|-------------------------------|-----------|---------------|---------------|-------------------|
| X Remove | <u>v</u> | Mike Jo | ones | |
| X Add | <u>sv</u> | Sally S | mith | |
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s |
| I) Change | V | , | ANDRES PASMAN | 13360 SW 46TH CT |
| Add | | | | MIRAMAR, FL 33027 |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | None |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| DbA . | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | **** |
| Remove | | | | |

Page 2 of 4

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| <u>visions for </u> | nt provides for a Implementing th | e amendnjent | classification, o | er cancellation of | of issued shares tent itself: | , • |
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| visions for | Implementing th | e amendment | eclassification, if not contained | or cancellation of | of issued shares nent itself: | |

| The date of each amendment(s) addate this document was signed. | ioption: | , if other than the |
|--|---|--|
| Effective date if applicable: | | |
| Enective date trappicative. | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(s) flicient 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 cast | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| action was not required. | pted by the board of directors without shareholder action and shareholder | |
| Dated 09/18/14 | War Boul | |
| (By a di scicetto | restor, president 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) | —————————————————————————————————————— |
| | NELSON ODELLA | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| • | (Title of person signing) | , |