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## 415 000 155 6213

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALDO PEREZ Name of Contact Person LIRCC CORP Firm/ Company 2393 SW 34 AVENUE Address MIAMI FL 33145 City/ State and Zip Code flmultiservices@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: \_\_\_\_)\_953**-**2500 ALDO PEREZ at (<sup>786</sup> Name of Contact Person Area Code & Daytume Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & **\$43.75** Filing Fee & **U\$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

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2661 Executive Center Circle Tallahassee, FL 32301 06/24/2015 14:26 3056432035

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Articles of Amendment to Articles of Incorporation

of

LIRCC CORP

## (Name of Corporation as currently filed with the Florida Dept. of State)

P13000024787

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

λ/A	The
ame musi be distinguishable and contain the word "corpor Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain
5. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A
. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add Name of New Registered Agent N/A	
(Floride	la street address)
New Registered Office Address:	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Ag hereby accept the appointment as registered agent. I am famili	ent:
Signature of Ne	W Registered Agent, if changing

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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:

<u>PT</u>	John Doc		
<u>v</u>	Mike Jones		
<u>sv</u>	<u>Sally Smith</u>		
Title	Name	Address	
Р	ALDO PEREZ	2393 SW 34th AVENUE	
		MIAMI, FL 33145	
		······································	
D	JACOB BROD\$KY	2393 SW 34th AVENUE	
		MIAMI, FL 33145	Change
	•		Add
		***	Remove
			Change
		mm	
		·	
			<del>.</del>
	Page 2 of 4	H150001556	213
	<u>V</u> <u>SV</u> <u>Title</u> P	Y  Mike Jones    SY  Sally Smith    Title  Name    P  ALDO PEREZ    D  JACOB BRODSKY	Y    Mike Jones      SY    Sally Smith      Title    Name    Address      P    ALDO PEREZ    2393 SW 34th AVENUE      MIAMI, FL 33145

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E. <u>If amending (</u> (Attach <i>additic</i>	or adding ad onal sheets, ij	ditional Articles, enter change(s) her í necessary). (Be specific)	<u>e</u> :				
N/A			····				
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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N/A

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The date of each		wele) adaption.	06/23/2015			, if other than the
date this document		• • •	• <u></u> .	<u> </u>	····	
Effective date <u>if s</u>	ррисяон	·	(no more than 90 c	days after amendme	nt file date)	
			nes not meet the application of State's records.	ble statutory filing re	equirements, this date will	not be listed as the
Adoption of Ame	ndment(s	) (	(CHECK ONE)			
		vere adopted by were sufficient (	the shareholders. The n for approval.	umber of votes cast	for the amendment(s)	
			by the shareholders throug			
"The nun	nber of vo	tes cast for the a	amendment(s) was/were s	sufficient for approv	al	
by			• • • • • • • • • • • • • • • • • • •		77 '	
			(voting group)		_	
action was not a	required,		the board of directors with			
The amendment action was not	••	vere adopted by	the incorporators without	t shareholder action	and shareholder	an a
:-	06// Dated	23/2015	0			
·			illatore			
•	Signature	(By a director, p selected, by an	president or other officer incorporator – if in the h ciary by that fiduciary)			
		ALDO I	PEREZ			
			(Typed or printed nar	ne of person signing	)	
		PRESIC	DENT			
			(Title of )	person signing)		

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