P13000033107

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	(Address)
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PICK-UF	P .WAIT MAIL
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Certified Copies	Certificates of Status
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15 JUN 29 PM 3: 56

JUL 7 2015 CLEWES

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: Primy Company

3910 W. FLAGLER Struct

Address

MIAMI, FL 33/34

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$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

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

Articles of Amendment to

Articles of Inco	rporation
of	<i>)</i>
LSV In	vestments, INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
P130000	33/07
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F	Clorida Profit Corporation adopts the following amendment(s) to
its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	0
C. Enter new mailing address, if applicable:	120 PR
(Mailing address MAY BE A POST OFFICE BOX)	
	* P ₃
	<u> </u>
D. If amending the registered agent and/or registered office addresses	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	eet address)
Now Pagistand Office Address:	rii.
New Registered Office Address:	(Ciry) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	1
I hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the position.

Signature of New Registered Agent, if changing

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: X_Change	PT John De	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>	
X Add	SV Sally S	mith	
Type of Action (Check One) 1) Change	Title	SABATER, RUBEN	Address
Add			
2) Add	Vρ	VelAzquez, Desus D	
Remove 3) Change	<u>UP</u>	Lopez, Guillemo	
Add Remove 4) Change	Va	ALT, MARCELO C	1000 00000 de leas BLVD
Add Remove	- 1	··· 2/ //// CC 20 -	SUITE 208 COVAL GABLES, FL 3313
5) Change Add			
Remove			
6) Change Add	<u></u>	· · · · · · · · · · · · · · · · · · ·	
Remove		i	

ttach additional ch	i <mark>ng additional Artic</mark> eets, if necessary).	(Re specific)	elat nere:			
macii aaamona sii	eers, ij necessury).	(De specific)				
						
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If an amendment r	orovides for an excl	nange, reclassifi	cation, or cancell:	ation of issued	charec	
provisions for im	plementing the ame	ndment if not c	ontained in the ar	nendment itsel	f:	
(if not applica	ble, indicate N/A)					
<u> </u>			<u></u>			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	FILED
Effective date if applicable:	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
Effective date if applicable: (no more than 90 days after amendment)	file date)
	15 JUN 29 PM 3: 56
Note: If the date inserted in this block does not meet the applicable statutory filing req document's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast fo by the shareholders was/were sufficient for approval.	r the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	"
(voting group)	•
☐ The amendment(s) was/were adopted by the board of directors without shareholder act action was not required.	ion and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	and shareholder
Dated	
Signature (By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, transpointed fiduciary by that fiduciary)	
Gulleruo Lopez	
(Typed or printed name of person signing)	
<u>up</u>	
(Title of person signing)	