Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUSINESS SUPPORT USA

Account Number : I20120000073

: (305)364-8824

Fax Number

: (305)456-2910

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN LENSUR CONSULTING GROUP CORP

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Electronic Filing Menu

Corporate Filing Menu

Help

Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: LENSUR CONSULTING GROUP DOCUMENT NUMBER: P13000057330 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** Firm/ Company 6187 NW 167 ST STE H 20 Address MIAMI, FL 33015 City/ State and Zip Code lensur-accounting@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHAKIRA GONZALEZ at (305) 3648824
Area Code & Daytime Telephone Number Name of Contact Person 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 cnclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

FILED

Articles of Ament/heeT 30 AM 9: 05

Articles of Incorporation TARY OF STATE OF TARLAMASSEE FLURIDA

LENSUR CONSULTING GROUP CO		
(!Name P13000057330	of Corporation as curren	tly filed with the Florida Dept. of State)
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new r	name of the corporation:	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations	nation "Corn." "Inc." or	The new pon," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
3. Enter new principal office address Principal office address <u>MUST BE A</u> S	. If applicable: TREET ADDRESS)	
C. Enter new mailing address, if apple (Mailing address) MAY BE A POST	<u>OFFICE ROX</u>)	
. If amending the registered agent ar new registered agent and/or the ne	id/or registered office add w registered office address	ess in Florida, enter the name of the
Name of New Registered Agent	SHAKIRA GONZALEZ	
	6187 NW 167 ST STE H 2	0
	(Florida str	eet address)
New Registered Office Address:	MIAMI	Florida 33015
		(City) (Zip Code)
ew Registered Agent's Signature, if el tereby accept the appointment as registi	nanging Registered Agent: ered agent. I am familiar w	ith and accept the obligations of the position.

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 Jo	hn Doe	
X Remove	<u>v</u> <u>M</u>	ike Iones	
_X Add	SY Sa	lly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P/S	NELSON ODELLA	6187 NW 167 ST
Ad d	,		STE 1120
X Remove			MIAMI, FL 33015
2)Change	P/S	SHAKIRA GONZALEZ	6187 NW 167 ST
X Add			STF. H20
Remove			MIAMI, FL 33015
3)Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change		The state of the s	
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each account market are as
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90) days after uncodment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the unendment(s):
"The number of votes east 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 action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
SHAKIRA GONZALEZ
(Typed or printed name of person signing)
PRESIDENT:
(Title of person signing)