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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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15 OCT 19 TH WW.

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LEMISOL CORP	ORATION			
DOCUMENT NUMBER:	P13000061640				
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.			
Please return all correspondence	concerning this ma	tter to the following;			
		MERCEDES BAUTIST	4		
		Name of Contact Person	1		
	· т	AX ACCOUNTING PLU	3		
		Firm/ Company			
		495 NW 27 AVE			
		Address			
		MIAMI, FL 33125			
		City/ State and Zip Cod	е		
		info@tapsolution.nct			
E-ma	il address: (to be us	sed for future annual report	notification)		
For further information concerning	ng this matter, pleas	se call:			
MERCEDES BAUTISTA		at (<u>305</u>	842-6309		
Name of Contact	Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	artment of State:		
	8.75 Filing Fee & rtificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status 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

Articles of Amendment to Articles of Incorporation of

· (14)

15 OCT 19 PM 4: 46

	L CORPORATION 19 997 19
(Name of Corporation as cu	prently filed with the Florida Dept. of State)
P1300	00061640 [ALI AHASSEE, FEEDER A
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporati	on:
N/A	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	- -
C. Enter new mailing address, if applicable:	NI/A
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent N/A	
(Flo	orida street address)
New Registered Office Address:	. Florida
The Tregmeren Office Thurses.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am far	miliar with and accept the obligations of the position.
Signatura of	New Registered Agent, if changing
Signature of	меж кеумеген ачет. и спапчту



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:	, una our	iy Smith, SV us an Auti.	
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach <i>additie</i>	or adding add onal sheets, if	necessary).	(Be specific)	<u> </u>				
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				<u> </u>		<u> </u>	-	
							. <u>.</u>	
								
								
	- · -		-			, 		
<u>lf an amend</u>	<u>ment provide</u>	<u>s for an excha</u>	nge, reclassifi	<u>cation, or ca</u>	ncellation	ı of issued s	<u>hares,</u>	
provisions f	<u>for implemen</u>	ting the amen	<u>dment if not e</u>	ontained in	the ameno	<u>lment itself:</u>	-	
(if not a	pplicable, ind							
	CHANG	GE FROM 500	SHARES CO	MMON STO	CK AT \$	1,000.00 PA	R VALUE 1	10
		700 SH	ARES COMM	ION STOCK	AT \$1,00	00.00 PAR V	ALUE	
			/ 		<u>.</u>			
					**			
					··-			

The date of each amendment(s) addate this document was signed.	option:, if other than the
Effective date <u>if applicable</u> : '	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast 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 cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	Anual /
(By a d	rector, 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 diduction by that fiduction
	Ismael Reyes
	(Typed or printed name of person signing)
	President/Director
	(Title of person signing)