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Division of Corporations

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: (850)617-6380

From:

Account Name : LENSUR CORP

Account Number : 120180000038

Phone

: (305)364-8824

Fax Number

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN BA PROPERTY CORPORATION

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COVER LETTER

TO: Amendment Sec Division of Corp				
NAME OF CORPO	RATION: BA PROPERTY C	CORPORATION		
	BER: P13000068666			
	of Amendment and fee are su			
The enclosed Articles	of Amenament and lee are so	office to ming.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ILIANA CRUZ			
		Name of Contact Person	n	
	PRESIDENT			
	Firm/ Company			
	6187 NW 167 ST STE H40			
	Address			
	MIAMI, FL 33015			
		City/ State and Zip Cod	e	
lesnu	r-accounting@live.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
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Name	of Contact Person	Area Co	de & Daytime Telephone Number	
	or the following amount made			
S35 Filing Fee	□S43.75 Filing Fee & Certificate 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			Address	
Amendment Section			Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clitton Building		
Tallahassee, FL 32314		266) Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 NOV 26 AM 9: 37

BA PROPERTY CORPORATION	SECRETARY OF STATE
(Name of Corporation as c	urrently filed with the Florida Dept. of Stare
P13000068666	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	es, this Florida Prafit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporal	ion:
_	The new
name must be distinguishable and contain the word "cor" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc. word "chartered," "professional association," or the abbrev	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the liation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, it applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	ice address in Florida, enter the name of the
(F	forula street address)
New Registered Office Address:	, Florida,
New Registered Office Attorney.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	d Agent: amiliar with 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 Doc	
X Remove	<u>v</u>	Mike Jones	
, <u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Nume	Address
1) Change	P/S	LAURA PERDOMO	6187 NW 167 ST STE H40
Add XRemove	,	•••	MIAMI, Ft. 33015
2) Change	P/S	ILIANA CRUZ	6187 NW 167 ST STE 1140
X Add			MIAMI, FL 33015
Remove			
3) Change			
_ Add			
Remove			
4) Change			
···· Vqq			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			The second secon
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
And the state of t		
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)		
the second secon		
	-	

. . .

	11/23/2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
11/2	23/2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De-	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required. 11/23/201 Dated. Signature		
(Bŷ a e selecte	director president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	ILIANA CRUZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	