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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	453	LAKEVIEW	Coep.	
DOCUMENT NUMBER:	13000	074505		

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

Please return all correspondence concerning this matter to the following:

VICENTE CEFALD
Name of Contact Person
Firm/ Company
304 INDIAN TRACE # 287
Address
WESTON, FL 33326
' City/ State and Zip Code
Ciudiserio@hotruil.con

E-mail address! (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (954) 240.36.10 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

**2** \$35 Filing Fee

□\$43.75 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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Street Address

Articles of Amendment ' to Articles of Incorporation of

453 LOFP. LAKEVIEW

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

P13000074505 (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:

\_\_The\_\_new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST_BE A STREET ADDRESS</u> )	<u>4474 WESTON RO #353</u> DAVIE, FL 33331
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	4474 WESTON, RD. #353 DAVIE, FL 33331
D. <u>If amending the registered agent and/or registered office</u> <u>new registered agent and/or the new registered office a</u> <u>Name of New Registered Agent</u>	
(Flo	rida street address)
<u>New Registered Office Address</u> :	(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 article of the artic
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 Doe X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Name Address (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_\_\_ Add \_\_\_\_ Remove 3) \_\_\_\_ Change \_\_\_\_\_ Add \_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 5) \_\_\_\_ Change Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add Remove

E.	If amending or adding additional Articles, enter change(s) here:	•
	(Attach additional sheets, if necessary). (Be specific)	

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shar	<u>'es.</u>
provisions for implementing the amendment if not contained in the amendment itself;	
(if not applicable, indicate N/A)	

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The date of each amendment(s) adoption:	if other than the
date this document was signed.	

Effective date <u>if applicable</u>:

(no more than 90 days after amendment 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 amendment(s):

"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 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.

05/25/18 Vati Call Dated Signature

(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)

VICENTE CEFALO (Typed or printed name of person signing)

HZESIDENT (Title of person signing)