P13000094292

, (Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	•
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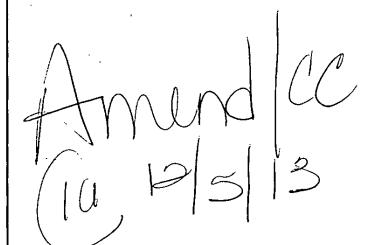


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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION.		RECOVERY, INC.		
DOCUMENT NUMB	_{ER:} P1300009429	2			
	of Amendment and fee are su				
Please return all corresp	condence concerning this mat	iter to the following:			
	Eddie Lopez				
-		Name of Contact Person	1		
	LAKEFRONT LU	XURY HOMES	RECOVERY, INC.		
-	Firm/Company				
	17753 NW 87TH PLACE				
•		Address			
	MIAMI, FL 33018	<u> </u>			
		City/ State and Zip Code	2		
prop	ostarinc@gmail.co	om			
		ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
Eddie Lopez		at (786	302-6699		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:		
□ \$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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment

Articles of Incorporation

LAKEFRONT LUXURY HOMES RECOVERY, INC.

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

P13000094292

(Document Number of Corporation (if known)

me must he distinguishable and cor Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A profession	
Enter new principal office address, if applicable:		17753 NV	W 87TH PLACE
incipal office address <u>MUST BE A S</u>		MIAMI, F	L 33018
Enter new mailing address, if applicable:		17753 NV	W 87TH PLACE
- (Mailina addrass MAV RF A P()\$T	(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		MIAMI, FI	
If amending the registered agent a new registered agent and/or the ne	nd/or registered office ad	dress in Florida, ent	
If amending the registered agent a	nd/or registered office ad w registered office addre	ldress in Florida, ent	
If amending the registered agent a new registered agent and/or the ne	nd/or registered office ad w registered office addre Eddie Lopez 17753 NW 87	ldress in Florida, ent	er the name of the
If amending the registered agent a new registered agent and/or the ne	nd/or registered office ad w registered office addre Eddie Lopez 17753 NW 87	dress in Florida, ent	

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.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
<u>X</u> Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	Р		Eddie Lopez	17753 NW 87TH PLACE
Add				MIAMI, FL 33018
Remove				
2) Change		-		
Add				
Remove				
3) Change	·	_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add	•			
Remove				
6) Change		_		
Add				
Remove				

(Attach a	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)
/A	
•	· · · · · · · · · · · · · · · · · · ·
 	
 	<u> </u>
	
<u>If an am</u>	endment provides for an exchange, reclassification, or cancellation of issued shares,
provisio (if)	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
/A	or approximation that
, .	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: N/A	
(no more than 90 days after amendment file date)	_
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.	
Dated_11-26-13	
Signatura	
Signature Hy 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)	
Juan Puig	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	<u> </u>