# P130000 95403

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C. LEWIS

AUG 22 2014

EXAMINER

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: LISSY'S DYSTRIBUTION., COPP.  DOCUMENT NUMBER: P13000095403.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ARINI FERNANDO LONDOMO.
Name of Contact Person  Lassy's Distribution, Con
20161-ANW 67TH AVE.
MiAMI Ceardier Fl 33015.  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aprel Jernoule fonder at 786, 205. 9797.
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy (Additional Copy (Additional Copy))

### **Mailing Address**

**TO:** Amendment Section

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

is enclosed)

# Articles of Amendment to Articles of Incorporation

SCORETARY OF STATE DIVISION OF CORPORATIONS

14 AUG 15 PM 2: 38

Lisev's Vistribution Corp	_
(Name of Corporation as currently filed with the Florida Dept. of State)	
P13000095403	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s)
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 all "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must eword "chartered." "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-
b. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent Artel Fernando londoño	
(Florida street address)	
New Registered Office Address: , Florida , Florida	-
(City) (Zip Code)	
,	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Regilfeled 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)

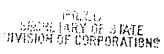
Please note the officer/director title by the first letter of the office title:

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 hold. 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 sur	,, o, .		
X Change	PT	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Р	_	L'issette Londono	18753 NW 84 PL
Add				1902
Remove				Miami lakes, Fl 33015
2) Change	Ρ		Afel fernanda london	18753 NW 84 PL
Add				1902
Remove				Miami lakes, F1 33015
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		·		
Add				
Remove				
6) Change			·	
Add		<del></del>		
Remove				

E. If amending or (Attach additional	adding additional Ar al sheets, if necessary)	rticles, enter chan . (Be specific)	ge(s) here:		
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	$-\frac{1}{n}$	<del></del>			
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provisions for	nt provides for an exc implementing the am icable, indicate N/A)	change, reclassific endment if not co	ation, or cancelle	ation of issued sha nendment itself:	ires,
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The date of each amendment(s) adoption:		PARTENTS INC.	_, if other than the
date this document was signed.	14 AUG 15	PM 2: 38	_
Effective date if applicable:			_
(no more than	190 days after amendment file da	te)	
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	he number of votes cast for the a	mendment(s)	
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to			
"The number of votes cast for the amendment(s) was/w	vere sufficient for approval		
by(voting group)	,11		
(voting group)			
The amendment(s) was/were adopted by the board of director action was not required.	ors without shareholder action and	l shareholder	
The amendment(s) was/were adopted by the incorporators was not required.	ithout shareholder action and sha	reholder	
Dated 8/12/2014	And S		
Signature	BON-		
(By a director, president or other of selected, by an incorporator — if in appointed fiduciary by that fiduciar	the hands of a receiver, trustee, o	r other court	_
Lyssette	r printed name of person signing)		-
Pres	ident		
(	Title of person signing)		_