

| (Re                                     | equestor's Name)   |           |  |  |
|---|--------------------|-----------|--|--|
| (Ac                                     | ddress)            |           |  |  |
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| (Ci                                     | ty/State/Zip/Phone | #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Be                                     | usiness Entity Nam | ne)       |  |  |
| (Document Number)                       |                    |           |  |  |
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| Special Instructions to Filing Officer: |                    |           |  |  |
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MAR 27 2014

R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: LT VALENCIA GLOBAL INC   |   |   |  |  |
|---|---|---|--|--|
| DOCUMENT NUMBER: P14000024740   |   |   |  |  |
| The enclosed Articles   | The enclosed Articles of Amendment and fee are submitted for filing.              |   |  |  |
| Please return all corre   | spondence concerning this ma  | tter to the following:  |  |  |
|   | DAVID F. YOUNG  | <u> </u>  |  |  |
|   | _   | Name of Contact Person  | 1  |  |
|   | DAVID F. YOUNG  |   |  |  |
|   |   | Firm/ Company   |  |  |
|   | 4100 CORPORA  | TE SQUARE S   | SUITE 135  |  |
|   |   | Address   |  |  |
|   | NAPLES FLORI  | DA 34104  |  |  |
|   |   | City/ State and Zip Cod   | e  |  |
| dfy   | palaw@aol.com   |   |  |  |
| <u> </u>  | . —   | ed for future annual report                                       | notification)  |  |
| For further information concerning this matter, please call:                                  |   |   |  |  |
|   | concorning this matter, produ   |   |  |  |
| David F. Young, Esq 877-6157  |   |   |  |  |
| 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: |   |   |  |  |
| ■ \$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 Street Address  |   |  |  |
| Amendment Section   |   | Amendment Section   |  |  |
|   | Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building |   |  |  |
| Taliahassee, FL 32314 Chiton Building  Zeff1 Executive Center Circle                          |   |   |  |  |
| Tallahassee, FL 32301   |   |   |  |  |

## Articles of Amendment to Articles of Incorporation of

FILED 14 MAR 25 At 9:17

## LT VALENCIA GLOBAL INC

SEUNT ANY THE STATE TALLAHASSEE, FLORIDA

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

|   | P 14000024                     | 4/40                        |                                      |                  |
|---|--------------------------------|-----------------------------|--------------------------------------|------------------|
| (Document Number  | of Corporation (if k           | nown)                       |                                      | -                |
| Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:  | rida Statutes, this <i>Fla</i> | orida Profit Corporation a  | ndopts the followin                  | g amendment(s) t |
| A. If amending name, enter the new name of the  | corporation:                   |                             |                                      |                  |
|   |                                |                             |                                      | The new          |
| name must be distinguishable and contain the w<br>"Corp.," "Inc.," or Co.," or the designation "Co<br>word "chartered," "professional association," or th | orp," "Inc," or "Co            | ". A professional corpor    | orated" or the a<br>ration name must | <br>bbreviation  |
| B. Enter new principal office address, if applical  | ble:                           |                             |                                      | _                |
| (Principal office address <u>MUST BE A STREET Al</u>  |                                | -                           | -                                    | -                |
|   |                                |                             |                                      | -                |
|   |                                |                             |                                      | -                |
| C. Enter new mailing address, if applicable:  |                                |                             |                                      |                  |
| (Mailing address <u>MAY BE A POST OFFICE E</u>  | <u>80X</u> )                   | <del></del>                 |                                      | <del>.</del>     |
|   |                                |                             |                                      | _                |
|   |                                |                             |                                      |                  |
|   |                                |                             |                                      | <del></del>      |
| <ol> <li>If amending the registered agent and/or registered agent and/or the new registered.</li> </ol>   |                                | s in Florida, enter the na  | me of the                            |                  |
| new registered agent and/or the new registere   | ed Office address.             |                             |                                      |                  |
| Name of New Registered Agent  |                                |                             | _                                    |                  |
|   |                                |                             | _                                    |                  |
|   | (Florida street                | address)                    |                                      |                  |
| New Registered Office Address:  |                                | , Florida                   |                                      | _                |
|   | (City)                         |                             | (Zip Code)                           |                  |
|   |                                |                             |                                      |                  |
| N B L A B A B A B B A B B B B B B B B B B   |                                |                             |                                      |                  |
| New Registered Agent's Signature, if changing R<br>I hereby accept the appointment as registered agent  |                                | h and accept the obligation | ns of the position.                  |                  |
|   | <b>J</b>                       |                             | <i>y</i> <u>∤</u> r                  |                  |
|   |                                |                             |                                      |                  |

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          | <u>PT</u>    | John Doe    |                          |
|----------------------------|--------------|-------------|--------------------------|
| X Remove                   | <u>v</u>     | Mike Jones  |                          |
| X Add                      | <u>sv</u>    | Sally Smith |                          |
| Type of Action (Check One) | <u>Title</u> | Name        | <u>Addres</u> s          |
| 1) Change                  | DV           | JAN TESARIK | c/o 568 9th Street South |
| Add                        |              |             | Suite 88                 |
| Remove                     |              |             | Naples, Florida 34102    |
| 2) Change                  |              |             |                          |
| Add                        |              |             |                          |
| Remove                     |              |             |                          |
| 3) Change                  |              |             |                          |
| Add                        |              |             |                          |
| Remove                     |              |             |                          |
| 4) Change                  |              |             |                          |
| Add                        |              |             |                          |
| Remove                     |              |             |                          |
| 5) Change                  |              |             | ****                     |
| Add                        |              |             |                          |
| Remove                     |              |             |                          |
| 6) Change                  |              |             |                          |
| Add                        |              |             |                          |
| Remove                     |              |             |                          |

|  | (Be specific)   |          |
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| If an amendment provides for an exch   | ange, reclassification, or cancellation of issued sh  | ares,    |
| If an amendment provides for an exch<br>provisions for implementing the ame<br>(if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself: | ares,    |
| provisions for implementing the ame  | ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself: | ares,    |
| provisions for implementing the ame  | ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself: | ares,    |
| provisions for implementing the ame  | ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself: | ares,    |
| provisions for implementing the ame  | ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself: | ares,    |
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| provisions for implementing the ame  | ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself: | ares,    |
| provisions for implementing the ame  | ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself: | ares,    |

| The date of each amendment(s)                                   | adoption: 21 MARCH 2014  | , if other than the |
|---|--|---------------------|
| date this document was signed.                                  |  |                     |
| Effective date if applicable:                                   | (no more than 90 days after amendment file date)   |                     |
|   | (no more inan 90 aays after amenament file aate)   |                     |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |                     |
| The amendment(s) was/were action by the shareholders was/were s | dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.   |                     |
|   | oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): |                     |
| "The number of votes cas  | st for the amendment(s) was/were sufficient for approval   |                     |
| by  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                     |
|   | (voting group)   |                     |
| The amendment(s) was/were action was not required.              | dopted by the board of directors without shareholder action and shareholder  |                     |
| The amendment(s) was/were action was not required.              | dopted by the incorporators without shareholder action and shareholder   |                     |
| Dated 21 MA   | RCH 2014   |                     |
| Dated   |  |                     |
| Signature   |  |                     |
|   | director, president or other officer - if directors or officers have not been  |                     |
|   | ted, by an incorporator – if in the hands of a receiver, trustee or other court inted fiduciary by that fiduciary)                               |                     |
| <del></del>   |  |                     |
|   | DAVID F. YOUNG   |                     |
|   | (Typed or printed name of person signing)  |                     |
|   | SECRETARY  |                     |
|   | (Title of person signing)  | <del></del>         |