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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAGU	NA VISTAS INVESTMENT CORP
DOCUMENT NUMBER: P14000024	02
The enclosed Articles of Amendment ar	
Please return all correspondence concer	ing this matter to the following:
DIANA BLASC	IZYK
 	Name of Contact Person
HILL & COMPA	NY, CPA, PA
	Firm/ Company
804 NICHOLAS	PKWY E. STE I
	Address
CAPE CORAL.	FLORIDA 33990
	City/ State and Zip Code
DBLASCHZYK	@HILLCOCPA.COM
E-mail addr	ess: (to be used for future annual report notification)
For further information concerning this	
THOMAS W. HILL	at (239) 549-2444 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following a	nount made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 F Certificat	ling Fee & S43.75 Filing Fee & S52.50 Filing Fee e of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	The Centre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LAGUNA	VISTAS II	VEST	MENT	CORP
--------	-----------	------	------	------

(Name of Corporation as curr	ently filed with the Florida Dept. of State)	
P14000024902		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, ts Articles of Incorporation:	this Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
N/A		The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "F	". A professional corporation name must contain	on "Corp.," in the word
B. Enter new principal office address, if applicable:	804 NICHOLAS PKWY E, STE I	
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, FLORIDA 33990	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		-
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	address in Florida, enter the name of the dress:	
Name of New Registered Agent N/A		_
		_
(Flori	da street address)	20
New Registered Office Address:	Florida	
	(City) (Zip	Cōde) : ↓ :
New Registered Agent's Signature, if changing Registered A	gent:	72 ,
I hereby accept the appointment as registered agent. I am fam.	iliar with and accept the obligations of the position.	
Signature of N	lew Registered Agent, if changing	_
Check if applicable	(1)) () C C	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120	(11) (c), r.s.	

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One)	P	TARABOVA DENISA	SLADKOVICOVA STREET
1) Change			MODRA 9001 SK
Add X Remove			
	P	VANDA JAROSLAV	415 E. 71 ST, APT. 2A
2) Change X Add			NEW YORK, NY 10021
Add Remove 3) Change	Т	VANDA THERESA	415 E. 71 ST, APT. 2A
X Add			NEW YORK, NY 10021
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>II amending</u> Attach <i>addit</i>	g or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)	
A		
		
If an amer	ndment provides for an exchange, reclassification, or cancellation of issued s	hares,
<u>provision</u> (if no	is for implementing the amendment if not contained in the amendment itself applicable, indicate N/A)	<u> </u>
/A	, application	
 		

• •

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
JUNE 17th, 2021	
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 wildocument's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	d shareholder
☐ 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"	20:
(voting group)	2021 JUN 21
	5
June 17th, 2021	21
Dated	70
(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)	34
THOMAS W HILL	
(Typed or printed name of person signing)	
SECRETARY	
(Title of person signing)	

. . . .