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(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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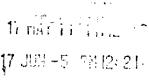
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Lassco E	evelopment, Inc.			
DOCUMENT NUMBER: P1400003064	7			
The enclosed Articles of Amendment and	fee are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:			
Jorge Lasses				
4—————————————————————————————————————	Name of Contact Person			
	Firm/ Company			
12717 W Sunrise Blvd Unit 162				
	Address			
Sunrise, FL 33323	Sunrise, FL 33323			
	City/ State and Zip Code			
gmfinancialsystemsllc@y	ahoo.com			
E-mail address	(to be used for future annual report notification)			
For further information concerning this ma	tter, please call:			
Jorge Lasses	at (954) 512-9318 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount	int made payable to the Florida Department of State:			
\$35 Filing Fee \$43.75 Filing Certificate of				
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 to Articles of Incorporation of



LASSCO DEVELOPMENT, INC.

(Name (of Corporation as currently	filed with the Florida	Dept. of State)	
	(Document Number of	Corporation (if known)	 	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporati	on adopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional co	corporated" or the ab rporation name must c	breviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
		-		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
(Muning unitess MAT BEAT OST)	OFFICE BOX			
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the	e name of the	
	GM FINANCIAL SYSTEN	4S, LLC		
Name of New Registered Agent	5951 NW 173rd Dr. Suite			
	(Florida street			
New Registered Office Address:	Miami	,	Florida 33015	
New Registered Office Address.	(1)	Cityo	, FIOHUA /Zip C	iode)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: Pered agent. I am familiar w	ith and acce n the oblig	ations of the position.	
,	Ans		\	
Milana	Signature of New Re	gistered Agent, if chang	şing \	

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 Doe	
X Remove	\underline{V}	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			477
Remove			
2) Change	T	Lasses, Irma	555 NE 30th Street Apt 802
Add			Miami, FL 33137
X Remove			
3) Change	С	Ardila, Andrea Juliana	555 NE 30th Street Apt 802
Add			Miami, FL 33137
X Remove			
4) Change	**		
Add			
Remove			
5) Change			
Add			
Remove			Marie 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6) Change			-
Add			And the second s
Remove			

If amending or adding addition (Attach additional sheets, if necessity)	al Articles, enter change(s) here: (sary). (Be specific)	
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		_
If an amandment provides for a	n exchange, reclassification, or cancellation of issued shares,	
provisions for implementing tl	ne amendment if not contained in the amendment itself:	
(if not applicable, indicate i	VA)	
	t.	

The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date if applicable: _		
- "	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
May 26	. 2017	
Dated Signature		
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Jorge Lasses	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	