P140000 39386

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
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ZOTA MAY 16 D 1: 15
SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	on: LUMAGUI	NVESTMENTS	CORP		
DOCUMENT NUMBER: P14000039386					
The enclosed Articles of An					
Please return all correspond	ence concerning this mat	ter to the following:			
DA	RLEY LIMA				
	Name of Contact Person				
TAX CONTROLLER INC					
		Firm/ Company			
750 E SAMPLE RD BLDG 3 BAY 2					
	Address				
PC	MPANO BEA	CH, FL 33064			
		City/ State and Zip Code	;		
DARL	EY@TAXCON	TROLLER.COM			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information con-	cerning this matter, pleas	se call:			
DARLEY LIMA		at (954	, 301-1848		
Name of Co	ntact Person		de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□S43.75 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		Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation

LUMAGUI INVESTMENTS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)		
P14000039386		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the feits Articles of Incorporation:	ollowing amendment	t(s) t
A. If amending name, enter the new name of the corporation:		
<u> </u>	The new	
name must be distinguishable and contain the word "corporation," "company," ar "incorporated" of "Corp.," "Inc.," or Co" or the designation "Corp.," "Inc.," or "Co". A professional corporation name word "chartered." "professional association," or the abbreviation "P.A."	r the abbreviation e must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	174	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	TALL PART	1]
D. 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:	E. U	コフ
Name of New Registered Agent	IN IS	
(Florida street address)		
New Registered Office Address:, Florida,		
(City) (Zip Co	'odej	
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 po	isition.	
Signature of New Peristand Arent of 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	PT	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	Р	LUCIANE D SOUZA E SILVA	9705 COLLINS AVE
Add			APT 601 BAL HARBOUR
Remove			FL 33154
2) Change		_	<u> </u>
Add			The caretree a Booking Live Constitution
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<u>.</u> П.,			
6) Change			
Add			
Remove			·



(if amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)
,	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)



The date of each amendmen	t(s) adoption: 05/07/2014	, if other than the
date this document was signed		 .
Effective date if applicable:	05/07/2014	
	(no more than 90 days after amendment file date)	
Adoption of Ameadment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 05/0	07/2014	
DatedSignature	Pufoff li-	
(<u>T</u>	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	LUCIANE D SOUZA E SILVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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