## P1400005399/

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LYRENE INC. P14000053991 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ELSA I CARDENAS Name of Contact Person LYRENE INC. Firm/ Company 16580 S POST RD #304 Address WESTON, FL 33331 City/ State and Zip Code lyreneart@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ELSA I CARDENAS** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52,50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassec, FL 32301

## Articles of Amendment to Articles of Incorporation of

LYRENE INC.		_
(Name of Corporation as currently filed with the Flor P1400053991	rida Dept. of State)	
(Document Number of Corporation (if k	nown)	-
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	o". A professional corporation name must	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ΝΙΑ	- - -
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent M	1101101101101	
New Registered Office Address: (Florida street)  (City)	t address) Florida(Zip Code)	AFFRE AN FILE 14 AUG 18 SECRETARY TALLAHASSE
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.	FILED  FILED  G 18 PM 2: 25  ETARY OF STATE HASSEE, FLORID
Signature of New Registered Ag	ent, 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	PT	John Doc	
X Remove	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	Р	ELSA I CARDENA	16580 S POST RD
Add			APT 304
X Remove			WESTON, FL 33331
2) Change	P	ELSA I. CARDENAS	16580 S POST RD #304
X Add			WESTON, FL 3331
Remove			
3) Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding</u> (Attach <i>additional sheets</i>	dditional Articles, enter change(s) here: if necessary). (Be specific)
	ent is to correct the last name of the president stated in the
Article VII. The Corre	ct name of the President of LYRENE INC is ELSA I. CARDENAS
If an amendment prov	les for an exchange, reclassification, or cancellation of issued shares,
<u>provisions for implem</u> ( <i>if not applicable</i> ,	nting the amendment if not contained in the amendment itself:  adicate N/A)
	N/A

The date of each amendment(s) adoption: Ub/21/2014 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)	
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	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	•
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated August 8th, 2014	
Signature Elizaber de may	
(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)	
ELSA I CARDENAS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	