P14000059337

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
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SECRETARY STATE

C.M.

COVER LETTER COVER	= 71
TO: Amendment Section Division of Corporations	J6 25
NAME OF CORPORATION: COUS CAWAS TAC DOCUMENT NUMBER: P140000 59337	M 9: 59
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Cuis to Durga	
Cois H. Dorgan Name of Contact Person Lou's CALAS IAC	
P.O. Box 970452	
Mi A Mi El 33/97 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LUIS DURAL at (786) 258-6076 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 Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

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Articles of Amendment	S S 34
to E	(1)
Articles of Incorporation	ان الآن الآن الآن الآن الآن الآن الآن ال
	The second
LOU'S CAWNS INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	27 in
D14000059337	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ing amendment(s) to
A. If amending name, enter the new name of the corporation:	
10 1	
	The new
name must be disting <u>uishable</u> and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name musword "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	, , ,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	0412
(Mailing address MAY BE A POST OFFICE BOX) / O O / /	
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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:	
Name of New Registered Agent .	
A POPULATION OF THE POPULATION	
1	
(Florida street address)	
New Registered Office Address:, Florida,	
(City) (Zip Code)	_
()	
·	
New Registered Agent's Signature, if changing Registered Agent: I haraby account the appointment as registered agent. Law families with and account the obligations of the position	•
I hereby accept the appointment as registered agent. I am familia with and accept the obligations of the position	ι,
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 Pamoya, and Sally Smith SV as an Add

Mike Jones, v as Remove	e, ana Sai	iy Smiin, Sv as an Aaa.		F SE	
Example: X Change	<u>PT</u>	John Doe		14 AUG	-77
X Remove	$\underline{\mathbf{v}}$	Mike Jones		625 HASSE	CALIFORNIA CONTRACTOR OF THE PARTY OF THE PA
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	1 9: 59 STATE FLORID	J
Change Add Remove					-
2) Change					 -
Remove 3) Change					- -
Remove					_
4) Change Add Remove					
5) Change					<u>-</u>
Remove 6) Change		<u></u>			_
Add					<u></u>

	
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	TALLAHUS 25
If amending or adding additional Articles, enter change(s) here:	See 15 Par
Attach additional sheets, if necessary). (Be specific)	in the second second
Attach duamonal sheets, if heecssury). (De specific)	TO T
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If an amendment provides for an exchange, reclassification, or cancellation of is provisions for implementing the amendment if not contained in the amendment	sued shares,
(if not applicable, indicate N/A)	i iiseii.
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The date of each amendment(s) adoption: date this document was signed.	, if other	than the
Effective date if applicable: (no more than 90 days after amendment file date)	-	
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		
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 Signature (By a director, president or other officer – if directors or officers have not been satested, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	25 AM	ח
(Typed or printed name of person signing)	•	
PROSIS ONT (Title of person signing)	-	