9/10/2018



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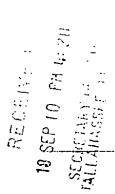
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN \$\frac{1}{2}\$ LENSUR MINING CORP

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: LENSUR MINING CORP P14000065965 The enclosed Articles of Amendment and fee are submitted for filing, Please return all correspondence concerning this matter to the following: **ROSANA SERRES** Name of Contact Person PRESIDENT Firm/ Company 407 LINCOLN RD STE 11 H Address MIAMI BEACH, FL 33139 City/ State and Zip Code lensur-accounting@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 3648824

Area Code & Daytime Telephone Number **ROSANA SERRES** 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

LENSUR MINING CORP	•		
(Name of Corporation as currer	ntly filed with the Florida Dept. of State)		
P14000065965			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation;			
	The new		
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	6187 NW 167 ST		
(Principal office address MUST BE A STREET ADDRESS)	STE H40		
	MIAMI,FL 33015		
C. Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX)	6187 NW 167 ST		
	STE H40		
	MIAMI, FL 33015		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent			
(Florida •	treet address)		
New Registered Office Address:	, Florida		
New Registered Agent's Signature, if changing Registered Agen	(City)  A SEP TIANS		
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.		
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 Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John De	<u>oe</u>			
X Remove	<u>v</u>	Mike Jones				
_X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	.Title		Nance	Address		
l)Change	P/S		ROSANA SERRES	407 LINCOLN RD STE 11 H		
Add				MIAMI BEACH, FL 33139		
X Remove						
2) Change	P/S		NELSON ODELLA	NEW ADDRESS: 6187 NW 167 ST		
X Add		_		STE H40		
Remove				MIAMI, FL 33015		
3)Change						
Add						
Remove						
4) Change		_		<u> </u>		
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

Attach additional sheets, if necessary).	licles, enter change(s) here: (Be specific)
A	
<del></del>	<del></del>
	<del></del>
	<del>_</del>
•	
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	09/10/2018	
The date of each amendment date this document was signed		, if other than the
date this document was signed	 - 09/10/20 <b>1</b> 8	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/wer by the shareholders was/we	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)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	0/2018	
Dated		
Č love o true o	Q CJama	
Signature (B	by a director, president or other officer - if directors or officers have not been	
sc	elected, by an ancorporator - if in the hands of a receiver, trustee, or other court	
at	opointed (Muciary by that fiduciary)	
	ROSANA SERRES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	