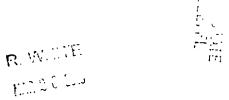
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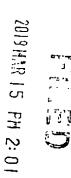
(F	Requestor's Name)
	Address)
	Address)
(0	Dity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:
L	Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations 'arora Beach NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alexandra Solo (Name of Contact Person) (Carora Beach Corp (Firm/Company) E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Alexandra Soto at 305 - 7139051
(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: ■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

Taflahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

to

Articles of Incorporation



	of	_ 1.11.7
(-"arora	Beach CorpoisMARI	5 PH 2:01
	currently filed with the Florida Dept. of St	
715	000012796	ALE STREET
	nt Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corpor	ation adopts the following
A. If amending name, enter the new name of the co	orporation:	
L AY AYY A	r Investment Co	The new
name must be distinguishable and contain the word "c	corporation" or "incorporated" or the abbrev	ialion "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable	: 1625 Peregrine	. Falcons
(Principal office address <u>MUST BE A STREET ADL</u>	DRESS) Way Apt 2	05
	Orlando, FL	
	,	
C. Enter new mailing address, if applicable:	.174	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	N = N/A	
D. If amending the registered agent and/or register	red office address in Florida, enter the name	of the
new registered agent and/or the new registered	office address:	
Name_of New Registered Agent:	NA	
_	72. 1	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(Florida street address	<i>;</i>)
	N/A	
**************************************	N/A-	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:	
hereby accept the appointment as registered agent.		of the position.
	N/n.	
	Signature of New Registered Agent, if co	humaina
	— — ықпаниғе ој меж кедізіегеа Agem, ij сі	aanging

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 X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	4/4		
Remove	1/		
2) Change	1/10		
Ad d			
Remove 3) Change	NA		
Add Remove	,		
4) Change	NA		
Remove	_		
5) Change	WB		
Add Remove			
6) Change	NIX		
Add			
Remove			- 1875

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
	······································
1	
<u> </u>	
-	

date this document was signed.	, if other than the
Effective date if applicable: 3/12/2019 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 3/12/2019 Signature	
(By the chairman or vice chairman of the board president or other officer-if directors have not been selected, by an incorporator – it is the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Tresident	
(Title of person signing)	