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From:

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Account Number : I20120000073

Phone : (305)364-8824

Fax Number : (305)456-2910

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address:_	

COR AMND/RESTATE/CORRECT OR O/D RESIGN LAFNOY WORLDWIDE THERAPEUTICS CORP

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COVER LETTER

10;	Amendment Section
	Division of Corporations

NAME OF CORPORATION: LAFNOY WORL	DWIDE THERAPEUTICS CORP		
P15000023710			
The enclosed Articles of Amendment and fcc are so	ibmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
LAURA PERDOMO			
-	Name of Contact Person		
PRESIDENT			
	Firm/ Company		
2060 BISCAYNE BOULEV	• •		
	Address		
MIAMI, FL 33137			
	City/ State and Zip Code		
LENSUR-ACCOUNTING@LIVE	сом		
E-mail address: (to be us	sed for future annual report notification)		
For further information concerning this matter, please	se call:		
LAURA PERDOMO	at (305) 36488824		
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	Certified Copy (Additional copy is enclosed) Catificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

FILES

SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 APR 26 AM 10: 46

Articles of Amendment to Articles of Incorporation of

(<u>Name</u> P15000023710	of Corporation as curren	Ily filed with the Florida	Dept. of State)	
	P 100 facts 17 100 0 0 0 0			
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 ats Articles of Incorporation:	.1006, Florida Statutos, thi	s Florida Profit Corporati	for adopts the following amendments	
A. If amending name, enter the new n	ame of the corporation:			
			The new	
name must be distinguishable and con "Corp." "Inc.," or Co" or the design word "chartered," "professional associa	nation "Corp." "Inc." or	"Co" A professional co	corporated" or the abbreviation	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		2060 BISCAYNE BOULEVARD		
		MIAM, FL 33137	and an about the other the beautiful the first out to the second the second to the sec	
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)		,2060 BISCAYNE BOULEVARD		
		MIAMI, FL 33137		
·				
D. If amending the registered agent ar new registered agent and/or the new			e name of the	
	LAURA PERDOMO	<u>191</u>		
Name of New Registered Agent				
	2060 BISCAYNE BOUL	~~~~		
		innet militares		
	(Florida s	n rea thata cary	22.20	
New Registered Office Address:	MIAMI	,, rea thata ex ()	Florida 33137 (Zip Code)	

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= Trustec; C \(\times \) Chalmun 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.

X.Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u>	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u> s
1) Change	P/S	MAURO GOMEZ	6187 NW 167TH ST
			STE HIS
X Remove			MIAMI, FL 33015
2) Change	P/S	LAURA PERDOMO	2060 BISCAYNE BOULEVARD
X Add			MIAMI, FL 33137
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			. ,
5) Change			
Add			
Remove			
6) Change			
Add			

	(Be specific)
	<u> </u>
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	uange, reclassification, or cancellation of issued ahares, adment if not contained in the amendment itself:
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FILED SECRETARY OF STAIL DIVISION OF CORPORATIONS

The date of each amendment	(A/21/2016 (s) adoption:	UIV	SIUM WE U	ORPURATIONS	, if other than the
date this document was signed		16	APR 26	AM 10: 46	-
Effective date if applicable:	(no more than 90 days	after amendme	nt file date)		
	this block does not meet the applicable state. Department of State's records.	atutory filing r	equirements	, this date will r	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number are sufficient for approval.	er of votes cast	for the amer	ndment(s)	
	re approved by the shareholders through vo ed for each voting group entitled to vote se				
"The number of votes	cast for the amendment(s) was/were suffice	ient for approv	al		
by	(voting group)		"		
The amendment(s) was/wer action was not required.	re adopted by the board of directors withou	t shareholder a	ction and sh	areholder	
The amendment(s) was/wer sotion was not required.	re adopted by the incorporators without sha	reholder action	and shareh	older	
04/21. Dated	/2016				
Signature_	Ham / Redberry				_
(Fi	By a director, president or other officer - if elected, by an incorporator - if in the hands populated fiductory by that fiduciary)				
	LAURA PERDOMO				
	(Typed or printed name o	f person signing	3)		
	PRESIDENT				
	(Title of person	on signing)			