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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: LANSING 906 FLORIDA INC. DOCUMENT NUMBER: P15000025977	,
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
GEOVANNY MENDOZA	
Name of Contact Person	-
• • • • • • • • • • • • • • • • • • • •	
LANSING 906 FLORIDA INC	
Firm/ Company	
7700 N KENDALL DRIVE, SUITE 405	
Address	_
MIAMI, FL 33156	
City/ State and Zip Code	_
magalymendoza@yahoo.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
GEOVANNY MENDOZA at (305) 305-3780	
Name of Contact Person Area Code & Daytime Telephone Numb	er
Enclosed is a check for the following amount made payable to the Florida Department of State:	
■ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy :s enclosed) Certified Copy (Additional Copy is enclosed) 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

Articles of Amendment to Articles of Incorporation of

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NG 900 I LOI		
(Name of Corpora	tion as currently filed with the Florida Dept. of State)	
025977		
(I)	ocument Number of Corporation (if known)	

P15000025977					
(Documen	t Number of Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corp	poration adopts the fol	lowing amendment(s) t	
A. If amending name, enter the new na	me of the corporation:				
name must be distinguishable and cont	ain the word "corporation	on," "company," o	r "incorporated" or	The new the abbreviation	
"Corp.," "Inc.," or Co.,", or the design word "chartered," "professional association	ation "Corp," "Inc," or '	"Co". A profession	nal corporation name	must contain the	
B. Enter new principal office address,	if applicable:	7700 N KENI	DALL DRIVE, SUITI	E 405	
(Principal office address MUST BE A S		MIAMI, F	MIAMI, FL 33156		
					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7700 N KENI	DALL DRIVE, SUITI	E 405	
	 _	MIAMI, F	L 33156		
D. If amending the registered agent an			ter the name of the		
new registered agent and/or the new	<u>w registered office addres</u> MAGALY MEN				
Name of New Registered Agent	7700 N KENDAL	L DRIVE. SUI	TE 405		
		treet address)			
New Registered Office Address:	MIAMI		_, Florida_33156		
	(Cit)	rý	(Zip Co	ode)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			e obligations of the pos	sition.	
	Magch Har	adona of		S 82	
584	gnature of New-Registered	l-Agent-if-changing-		5 OC	
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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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	GEOVANNY MENDOZA	7700 N KENDALL DRIVE
Add			SUITE 405
Remove		ñ	MIAMI, FL 33156
2) Change	D	MAGALY MENDOZA	7700 N KENDALL DRIVE
Add			SUITE 405
Remove			MIAMI, FL 33156
3) Change	D	GRETA ALICIA BAQUERIZO	7700 N KENDALL DRIVE
Add			SUITE 405
Remove			MIAMI, FL 33156
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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		or an exchange,	reclassification, o	r cancellation	of issued sha	res,
provisions t	ment provides for implementing applicable, indica	<u>g the amendmer</u> ite N/A)		11. (1-0 00:1011/41)		
provisions to	<u>for implementin</u>	g the amendmer ate N/A)				
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he date of each amendment(s) add	option:	, if oth
ate this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voling group)	
	(voting group)	
action was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_3/18/201	5 July	
Signature	The state of the s	
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	GEOVANNY MENDOZA	
•	(Typed or printed name of person signing)	
	DIRECTOR	
•	(Title of person signing)	