P15000027712

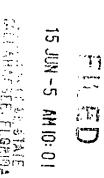
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COVER LETTER

TO: Amendment Section Division of Corporation	ons			5 - 7
NAME OF CORPORAT	ION: LAFERCHA10 CC	PRP		The Table 1
DOCUMENT NUMBER:	P15000027712			
The enclosed Articles of A	mendment and fee are sub	omitted for filing.		AND: OI
Please return all correspond	dence concerning this mat	ter to the following:		宝 m 一
MA	RIA F GONZALEZ			
		Name of Contact Person		
LAI	FERCHA10 CORP			
	····	Firm/ Company		
1333	28 EMERALD COAST D	OR APT 102		
		Address		
ORI	LANDO FL 32824			
		City/ State and Zip Code	 ;	_
la faraha 1 (corp@gmail.com			
		ed for future annual report	notification)	
	L-man address. (to be us	ed for facule dimade report	notinounon)	
For further information con	ncerning this matter, please	e call:		
MARIA F GONZALEZ		at (731-6231	
Name of Co	ontact Person		de & Daytime Telephone Num	nber
Enclosed is a check for the	following amount made p	ayable to the Florida Depa	rtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Division P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

		و الله المراجعة
LAFERCHA10 CORP		5 S
(Name of Corporation as current	tly filed with the Florida Dept. of State)	不 宝
P15000027712		E
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the fol	lowing amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	
B. Enter new principal office address, if applicable:	3110 FAIRFIELD DR	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	KISSIMMEE FL 34743	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3110 FAIRFIELD DR	
	KISSIMMEE FL 34743	
	<u> </u>	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the	
N CN D 11 II		
Name of New Regisserea Agent		
	treat address)	
(Florida s	ii eei aaai essi	
(Florida s.	, Florida, Florida	

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	TS		YAMIR GONZALEZ	3110 FAIRFIELD DR
X Add				KISSIMMEE FL 34743
Remove				
2) Change		_	<u> </u>	
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessar	Articles, enter change(s) here: ary). (Be specific)
	<u></u>
	
an amendment provides for an	exchange, reclassification, or cancellation of issued shares,
, , , , , , , , , , , , , , , , , , , ,	amendment if not contained in the amendment itself:
provisions for implementing the	amendment if not contained in the amendment risen.
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or implementing the inferior of the inferior o	A)
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or implementing the infection of the inf	A)

MARCH 27,2015
The date of each amendment(s) adoption:, if other than the date this document was signed.
uate tills document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
(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 listed as the document's effective date on the Department of State's records.
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" (voting group)
(voting group)
☐ 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.
MARCH 27,2015
Signature Charles
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
MARIA F GONZALEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)