## P15DDDD47888

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## COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: LECAR INVESTMENTS INC DOCUMENT NUMBER: P150000 47888 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Juan F. Ramirez

Name of Contact Person Lecar Investments Inc Firm/ Company 8862 Windsor Pointe Dr Orlando, Fl 32829

City/ State and Zip Code lecar investmentsince amail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 
 Juan F Ramirez
 at (407) 384-2682

 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 \$\Bigcup \Bigcup \\$43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

LECAR INVESTMENTS INC		
(Name of Corporation as currently	r filed with the Florida Dept	. of State)
P 150000 47388		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation ad	lopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N /	Δ	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "i	Co". A professional corpora	rated" or the abbreviation tion name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	FILE D
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the nam	<u> </u>
Name of New Registered Agent	NIA	
(Florida stre	vet address)	
New Registered Office Address:		, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		(Zip Code) s 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	<u>PT</u>	John Doe	
X Remove	<u>y</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	$\overline{D}$	Ricardo Carvajal Arango	8862 Windson Pointe Dr
X Add		_	Orlando, Fl 32829
Remove			
2) Change Add	D	Ana Cristina Carvajal Arango	8862 Windsor Pointe Dr Oilando, Fl 32829
Remove			<u> </u>
3 ) Change	_D	David Carvajal Arango	8862 Windsor Pointe Dr
X Add			Orlando, Fl 32829
Remove			
4) Change		<del>-</del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PARTICIPATION (%)
Luis E. Carvajal - 35%
Clara B. Arango - 35%
Ricardo Carvajal Arango - 10%
Ana Cristina Carvajal Arango - 10%
David Carvajal Arango - 10%
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares.
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate NA)

The date of each amendment(s) adoption	: 10/30/2017	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : $A \cdot S$ .	A. P.  (no more than 90 days after amendment file	Take the second
	(no more than 90 days after amendment file	aate)
Note: If the date inserted in this block dedocument's effective date on the Department	oes not meet the applicable statutory filing require nt of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for th for approval.	e amendment(s)
	by the shareholders through voting groups. The fol- toting group entitled to vote separately on the amen	
	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and s	shareholder
Dated 10/30/20		
Signature	president or other officer - if directors or officers	have not been
selected, by a	incorporator – if in the hands of a receiver, trusted	2, or other court
	eciary by that fiduciary)	
J	UAN F. RAMREZ (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	