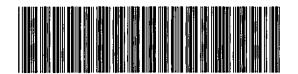
P15000050437

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



200278163522

10/19/15--01004--025 **43.75

SECRETARY OF STATE

Amendico

OCT 19 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | PRATION: L&A ING SYSTE | M, INCCLEAN | | | |
|---|--|---|--|--|--|
| DOCUMENT NUM | P15000050037 | | | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corre | espondence concerning this made | ter to the following: | | | |
| | Angela E. Aguiar | | | | |
| | Name of Contact Person | | | | |
| | C/o Aleval | | · | | |
| | | Firm/ Company | | | |
| Ÿ. | 2020 W. McNab Road #99C | | | | |
| | The state of the s | Address | | | |
| | Ft. Lauderdale, FL 33309 | | | | |
| | | City/ State and Zip Cod | e | | |
| lo ale | aanin aassatan Qasstlaali aan | | | | |
| lacie | eaningsystem@outlook.com | ed for future annual report | notification) | | |
| | E-man address. (to be us | ed for future annual report | normeation) | | |
| For further information | on concerning this matter, pleas | e call: | | | |
| Maria Mazziotta | | at (954 | 338 2306 | | |
| Name of Contact Person | | | de & Daytime Telephone Number | | |
| Enclosed is a check f | or the following amount made p | payable to the Florida Depa | artment 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) | | |
| Mailing Address Amendment Section | | | Address | | |
| | | | lment Section | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations Clifton Building | | | |
| Tallahassee, FL 32314 | | | xecutive Center Circle | | |
| | | Tallahaceae FL 30301 | | | |

Articles of Amendment to Articles of Incorporation of

| (Name of Cor | rporation as currently filed with the Florida Dept. of State) |
|--|--|
| P15000050937 | political us carrent, rice with the later and a sept of some |
| | (D. A.M. J. C.C. A.M. (CC) |
| | (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, its Articles of Incorporation: | Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) t |
| A. If amending name, enter the new name of | f the corporation: |
| | The new |
| name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," | he word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u> | dicable: CT ADDRESS) |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI | |
| D. If amending the registered agent and/or i | registered office address in Florida, enter the name of the |
| new registered agent and/or the new regi | stered office address: |
| Name of New Registered Agent | |
| | (Florida street address) |
| Non Books of Office Address | , Florida |
| New Registered Office Address: | (City) (Zip Code) |
| New Registered Agent's Signature, if changi I hereby accept the appointment as registered a | ng Registered Agent: agent. I am familiar with and accept the obligations of the position. |
| | Signature of New Peristered 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: XChange | <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 | n <u>ith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | VP | <u> </u> | LUISA CUELLAR | 3306 El Jardin Dr |
| Add | | | | Apt 7 |
| X Remove | | | | Hollywood, FL 33024 |
| 2) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | ···· |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| (Attach | nding or adding additional Art additional sheets, if necessary). | (Be specific) |
|-----------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | • |
| | | |
| | | |
| | | |
| provi (į RTICLI | sions for implementing the ame if not applicable, indicate N/A) E IX | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| ne name | and post office address of the su | abscribers to capital stocks are as follows: |
| ame: | Angela E. Cuellar | 100 % |
| | 3310 El Jardin Drive Apt 5 | |
| ddress: | | |
| ddress: | Hollywood, FL 33024 | |
| ddress: | Hollywood, FL 33024 | ` |

| 10/09/2015 | |
|--|-------------------------------|
| The date of each amendment(s) adoption: date this document was signed. | , if other than th |
| Effective date if applicable: | |
| (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 document's effective date on the Department of State's records. | date will not be listed as th |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval. | nt(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s): | ment |
| "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. | lder |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| 10/09/2015 | |
| Signature moule Caulin | |
| By a director, president or other officer – if directors or officers have not bee | |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other components appointed fiduciary by that fiduciary) | Juit |
| Angela E. Cuellar | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |