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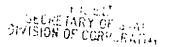
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LAISION OF CORFORAL SAME

JUL 27 2018





2818 JUL 25 AH 11: 52

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: LESIDUAL	- LIVING INC	
DOCUMENT NUMBER	. KISDOODS	2680	
The enclosed Articles of A	Amendment and fee are sub	omitted for filing.	
Please return all correspor	dence concerning this mat	ter to the following:	
·	ANDRE B. F	SISHEP	
V	Esidur Livi	Name of Contact Person	1
	2221 NE	Firm/ Company	#375
4	Joseph Miani	BEACH, FL	33160
	- 1	City/ State and Zip Code	
C_{i}	UR100545	40GM AIL	.coM
-	E-mail address: (to be us	ed for future annual report	notification)
For further information co	ncerning this matter, pleas	e call:	
ANDRE B. t	SISA	at (957	, 479+6909.
Name of C	ontact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□S43.75 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)

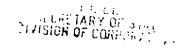
Mailing Address

Amendment Section
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



Articles of Incorporation

2010 JUL 25 AH 11: 52

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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.

	ve, ana ba	ny Smith, Sr as an riad.	
Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change Add Remove	AS	Name SHAHID T. ABOUR- RASHID	Address 2221 NE 164TH ST#375 NOTH MIAMI BEACH, FL 3310
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

Attach additional	adding additional A I sheets, if necessary). (Be specific)			
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if an amendmen	ıt provides for an e	xchange, reclassi	fication, or cancel	lation of issued sha	ires,
provisions for i	implementing the a	mendment if not	contained in the a	mendment itself:	
(if not appli	icable, indicate N/A)			
	<u> </u>				
					
					

The date of each amendment(s) adoption:date this document was signed.	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	file data)
(no more than 50 days after amenament	jue uaiej
Note: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder act action was not required.	ion and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action a action was not-required.	and shareholder
Dated July 23 PD 2016	
Signature 10	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, true	
appointed fiduciary by that fiduciary)	isite, or other court
ANDRE B. BISHOD	
(Typed or printed name of person signing)	
<u> </u>	
(Title of person signing)	