## P15000054291

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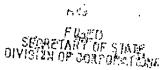
SEP SINS

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION:					
DOCUMENT NUME	BER: LINES S &S CORPOR	ATION '				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:				
	KIMBERLY CRUZ					
		Name of Contact Persor	2000			
	LINES S & S CORPORATIO	ON X	(U)(U))/			
		Firm/ Company				
	1215 SOUTHWEST 3RD A	VENUE	_			
	Address					
	DANIA BEACH, FL 33004					
		City/ State and Zip Code	e			
	LATINTAX@HOTMAIL.C	ОМ				
<del></del>	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:	343-6712			
Name (	of Contact Person	at ( Area Co	de & Daytime Telephone Number			
	r the following amount made		•			
\$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)			
Ame Div P.O	cling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301			

## Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Flo	15 AUG 31 PM 1: 01
P15000054291	rida Dept. of State)
(Document Number of Corporation (if kno	own)
rsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corp</i> . Articles of Incorporation:	poration adopts the following amendment(s
If amending name, enter the new name of the corporation:	
	The new
me must be distinguishable and contain the word "corporation," "company," or Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A profession ord "chartered," "professional association," or the abbreviation "P.A."	"incorporated" or the abbreviation al corporation name must contain the
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
If amending the registered agent and/or registered office address in Florida, entenew registered agent and/or the new registered office address:	er the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
New Registered Office Address: (City)	(Zip Code)

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 D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	VP	_	RUBEN CORCHO	7541 SIMMS ST
X Add				HOLLYWOOD, FL 33024-2641
Remove				
2) Change		_		
Add				
Remove				
3) Change		<del></del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Damaya				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
- "	
A. Marie 1	
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendmen			, if other than the
date this document was signed Effective date <u>if applicable</u> :	AUGUST 25, 2015	DIVISION	FD GF STATE
	(no more than 90 day	os after amendment file date)	trais Town
Note: If the date inserted in document's effective date on t	this block does not meet the applicable he Department of State's records.	statutory filing requirements, this date	will hot be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
	re adopted by the shareholders. The numere sufficient for approval.	aber of votes cast for the amendment(s)	
	re approved by the shareholders through a group entitled to vote s		
"The number of vote	s cast for the amendment(s) was/were suff	ficient for approval	
by 100		,,	
	(voting group)		
action was not required.	re adopted by the board of directors with		
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without s	hareholder action and shareholder	
AU Dated	GUST 22, 2015	_	
Signature	Faulo X	<b>2</b> .	
(I s	By a director president of other officer – elected, by an incorporator – if in the han ppointed fiduciary by that fiduciary)		
	KIMBERLY CRUZ		
	(Typed or printed name	e of person signing)	
	PRESIDENT		
	(Title of pe	rson signing)	· <u>-</u>