P1500067019

•	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE LOCAL I	OOOR COUPONS FRANCHISE, INC.
DOCUMENT NUMBER: P15000067019	
The enclosed Articles of Amendment and fee at	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
CYNTHIA R. VEGA, ES	[Ο.
LANGUERGE OF COATS	Name of Contact Person
LAW OFFICE OF CYN	
5104 SW 131 AVE	Firm/ Company
	Address
MIAMI, FL 33175	
	City/ State and Zip Code
CYNTHIA@CYNTHIAVEGA	LAW.NET
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	 lease call;
CYNTHIA R. VEGA	at (305) 570-0551
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	 de payable to the Florida Department of State:
\$35 Filing Fee \$35 Filing Fee Certificate of Statu	
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 to Articles of Incorporation of

THE LOCAL DOOR COUPONS FRANCHISE INC.

	ll .	
(Name (of Corporation as currently filed with the Florida Dept, of State)	
P15000067019		
	(Pocument Number of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	7.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following ame	ndment(s) t
A. If amending name, enter the new na	name of the corporation:	
		new
	ntain the word "corporation," "company," or "incorporated" or the abbrev mation "Corp," "Inc," or "Co". A professional corporation name must conta- ation," or the abbreviation "P.A."	
B. Enter new principal office address,	, if applicable:	
(Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	nd/or registered office address in Florida, enter the name of the ew registered office address: I AW OFFICE OF CYNTHIA R. VEGA, PLLC	
New Registered Office Address:	MIANI	
New Registered Agent's Signature, if c	Changing Registered Agent:	
I hereby accept the appointment as regist	stered agant. I am familiar with and accept the obligations of the position. SERVICE STREET	TIME
	्राह्म अस्ति अ स्ति अस्ति अस्	ı

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 heid. President, Treasurer, Director would be <math>P(TD).

heid. 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:	D'r			
X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	Ā	Mike Jones		
<u>X</u> Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	me 	<u>Addres</u> s
1) X Change	Þ	J.A	SON STONE	10340 SW 187th Street
Add				Miami, FL 33157
Remove				
2) X Change	CEO	D/	NNY NIEVES	13190 SW 134th Street, Ste. 108
Add				Miami, Fl. 33186
Remove	D	11.7	AN C FALCON	13190 SW 134th Street, Stc. 108
3) X Change				
Add				Miami, FL 33186
Remove				
4) Change				
Add				
Remove				
5) Change		, 		
Add				
Remove				
6) Change				
Add				
Remove				

F. If amending or adding additional Articles (Attach additional sheets, if necessary) (Bi	enter change(s) here: especifici
(Mideli dadatamai sneets, y necessary) (Be	· Specific)
	[
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares,
provisions for implementing the amendme	nt if not contained in the amendment itself:
(if not applicable, indicate N/A)	

·	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Electric date <u>Ruppicanie</u> .	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does no document's effective date on the Department of	t meet the applicable statutory filing requirements, this date will not be fisted as the state's records.
Adoption of Amendment(s) (CHI	ECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for an	hareholders. The number of votes east for the amendment(s) oproval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes east for the amen	l Iment(s) was/were sufficient for approval
by	ng group)
(voti	ng group) -
☐ The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action and shareholder
08/31/17	1
Dated	
Signature	1.2.1-
(By a director, presid	lent or other officer - if directors or officers have not been
appointed fiduciary	porator—if in the hands of a receiver, trustee, or other court by that fiduciary)
Cymhia R. V	 /ega, Esq.
	Typed or printed name of person signing)
	(Title of person signing)
	II .