P15000067735

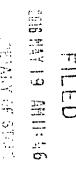
| (R | equestor's Name) | |
|-------------------------|-----------------------|------------|
| (A | ddress) | |
| (A | ddress) | |
| , | , | |
| (C | ity/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| | usiness Entity Name | a) |
| ,5 | dollicos Elisty Halli | - , |
| (D | ocument Number) | |
| Certified Copies | Certificates of | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | · | |





400285896594

05/19/16--01013--007 **35.00



5/23UN

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPO | DRATION: LGN Co., Inc. | | |
|------------------------|---|--|--|
| DOCUMENT NUM | IBER: P15000067735 | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | |
| Please return all corr | espondence concerning this ma | atter to the following: | |
| | Galina Kornblum | | |
| | | Name of Contact Person | n |
| | LGN Co., Inc. | | |
| | | Firm/ Company | |
| | 2851 NE 183rd Street, #1602 | 2 | |
| | | Address | |
| | Aventura, FL 33160 | | |
| | | City/ State and Zip Cod | e |
| gali | nakornblum@yahoo.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informati | on concerning this matter, pleas | se call: | |
| Galina Kornblum | | at (³²³ | 620-9908 |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check f | or the following amount made | 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) |
| | ailing Address nendment Section | | Address Iment Section |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| LGN Co., Inc. | | |
|---|-------------------------------|--|
| (Name | of Corporation as currentl | y filed with the Florida Dept. of State) |
| P15000067735 | | |
| | (Document Number of | f Corporation (if known) |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | .1006, Florida Statutes, this | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new na | ame of the corporation: | |
| | | |
| | nation "Corp," "Inc," or " | The new n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A." |
| D. Endanger, mineral account dance. | Manufication | 2851 NE 183rd Street, #1602 |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | Aventura, FL 33160 |
| | | |
| | | |
| C. Enter new mailing address, if appli | | 2851 NE 183rd Street, #1602 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | Aventura, FL 33160 |
| D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent | | |
| | 2851 NE 183rd Street, #16 | 602 |
| | (Florida str | |
| N 5 1 10 10 11 | Aventura | 33160 |
| New Registered Office Address: | | , Florida (City) (Zip Code) |
| | | (2) |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | | is vith and accept the obligations of the position. |
| | Signature of New R | egistered 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>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) X Change | P | Galina Kornblum | 2851 NE 183rd Street, #1602 |
| Add | | | Aventura, FL 33160 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheels, if necessary). (Be specific) | | |
|---|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 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 N/A) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| • | 5/13/16 | |
|--|---|--|
| ae date of each amendment(| s) adoption: | , if other than the |
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | 5/13/16 | |
| Effective date <u>if applicable</u> . | (no more than 90 days after amendment file date) | |
| | his block does not meet the applicable statutory filing requirements Department of State's records. | s, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were by the shareholders was/wer | adopted by the shareholders. The number of votes cast for the amere sufficient for approval. | ndment(s) |
| ☐ The amendment(s) was/were must be separately provided | approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment | ; statement t(s): |
| | east for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were action was not required. ☐ The amendment(s) was/were | adopted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder action | |
| action was not required. | | |
| 5/13/10 Dated | | |
| Dateu | 1)22-11 | |
| 01 | Manney . | |
| Signature | a director, president or other officer - if directors or officers have n | and hoom |
| | ected, by an incorporator — if in the hands of a receiver, trustee, or ot | |
| | pointed fiduciary by that fiduciary) | nei court |
| | Galina Kornblum | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |