

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	





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06/19/17--01026--010 \*\*35.00

And

JUN 26 2017

R. WHITE



## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

A.

NAME OF CORPORA	TION: LIVE MI	AMI CONCIER	GE, CORP.
	r: <u>P1600000</u>		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
<u></u>	OCTAVIO	P ARAUJO Name of Contact Person	<u>)</u>
_		Firm/ Company	
_	1292 SW 21	ST TER Address	
<b></b> .	Miami Fl	2. 33145 City/ State and Zip Cod	e
ATU	E-mail address: (to be us	IONAL BBC Go sed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call:	
	P. ARAUJO Contact Person	at ( <u>305</u> Area Co	
Enclosed is a check for the	ne 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)
Amend Divisio	g Addréss ment Section n of Corporations	Amend Divisio	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

**Articles of Incorporation** 

·	of 17 JUN 19 AM 11: 54
(Name of Corporation	on as currently filed with the Florida Dept. of State)
	00000 2669
	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporațion:
	The new discorporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Hiami, Fl. 33145
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Hiami FL. 33145
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Flavida about Adam)
New Basistand Office Address	(Florida street address)
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signa	ture 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add		Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	Octavio P ARAUJO	1292 SW 215T TER
Add			MIAMI FL. 33145
Remove			
2) Change	P	DA MOTTA, LUCIANA VIEIRA	1029 94TH STREET
Add			APT.10
Remove			Sunny Isles BCACH, FL. 33160
3) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change		<del>-</del>	
Add			
Damova			

Attach additional sheets, if necessary).	cles, enter change (Be specific)				
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f an amendment provides for an exch	ange, reclassificat	ion, or cancellat	on of issued s	<u>hares,</u>	
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not cont	ained in the ame	nament itsen:	•	
V of mineral sales					
		<u> </u>		·	
			<u> </u>		

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: 06-14-2017	
(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.	quirements, 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	e following statement mendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approva	I
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	
Signature  (By a director president oxother officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, true appointed fiduciary by that fiduciary)	ers have not been stee, or other court
appointed fiduciary by that fiduciary)	
Luciana Da M (Typed or printed name of person signing)	lotta
(1 yped or printed name of person signing)	
tresident	
(Title of person signing)	