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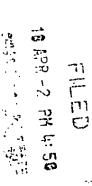
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Loor Corp DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Oliver Huttner Name of Contact Person Management Tax Consulting Inc Firm/ Company 4430 Orchid Blvd Ste 202 Address Cape Coral, FL 33904 City/ State and Zip Code mtc.florida@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 645-4208

Area Code & Daytime Telephone Number Oliver Huttner Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** nendment Section Amendment Section Division of Corporations Division of Corporations D. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Loor Corp				
	(Name of Corporation	as currently filed with the Flor	ida Dept. of State)	
P16000020055	ł			
	(Documen	t Number of Corporation (if know	wn)	
Pursuant to the paits Articles of Inc	ovisions of section 607.1006, Florida St orporation:	atutes, this Florida Profit Corpo	pration adopts the following amendmen	ıt(s) to
A. If amending	game, enter the new name of the corp	oration:		
	1		The new	
"Corp., " "Inc., "	lstinguishable and contain the word or Co.," or the designation "Corp." "professional association," or the abo	"Inc." or "Co". A professiona	"incorporated" or the abbreviation	
R Enter now n	rincipal office address, if applicable:			
	address MUST BE A STREET ADDRI	ESS)		-71
	1	 	· · · · · · · ·	
	ì			Ш
C Fotor now n	nailing address, if applicable:			\Box
	rass <u>MAY BE A POST OF FICE BOX</u>)			
	1		·	
	\			
D. If amending	the registered agent and/or registered	office address in Florida, enter	r the name of the	
	ed agent and/or the new registered off			
Name of	New Registered Agent			
<u> </u>				
		(Florida street address)		
<u>New Res</u>	<u> pistered Office Address</u> :	(City)	, Florida	
		· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	1			
	Agent's Signature, if changing Registe			
I hereby accept to	he e ppointment as registered agent. I a	m familiar with and accept the o	bligations of the position.	
	Signatu	re of New Registered Agent, if cl		
	1	A commence and the second seco		

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; 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, breasurer, 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: <u>X</u> Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	se Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	l <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Xia Mei	2725 SW 11th Ct
Add			Cape Coral, FL 33914
X Remove			
2) X Change	P	Emmanuele Briz	2725 SW 11th Ct
Add			Cape Coral, FL 33914
Remove			
3) Change			
Add			
Remove			
	1		
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove	1		
6) Change			
Add			
Remove	1		

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, 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)

	03/28/2018	
The date of each amendment		, if other than th
date this docume it was signed.		
Effective date if applicable:	04/01/2018	
Effective date <u>if applicable</u> :	(no more	e than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the		ne applicable statutory filing requirements, this date will not be listed as theords.
Adoption of Amendment(s)	(<u>CHECK ON</u>	<u>E</u>)
The amendment(s) was/wer by the shareholders was/we		ers. The number of votes cast for the amendment(s)
		ders through voting groups. The following statement witled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s)	was/were sufficient for approval
bv	(voting group)	
	(voting group)	,
action was not equired.	, ,	lirectors without shareholder action and shareholder
☐ The amendmen (s) was/wer action was not required.	e adopted by the incorporate	tors without shareholder action and shareholder
March Dated	28, 2018	
Signature		
se		her officer = if directors or officers have not been - if in the hands of a receiver, trustee, or other court duciary)
	Emmanuele Briz	
l	(Typed or j	printed name of person signing)
	President	
		(Title of person signing)