	(Requestor's Name)	
	(Address)	<u>.</u>
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	(Document Number)	
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C. GOLDEN APR 11 2019

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: LYFT CAPITAL I	NC.	
DOCUMENT NUM	P16000079324		·
The enclosed Articles	s of Amendment and fee are su	sbmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	ANDRE SPAULDING		
		Name of Contact Person	n
	LYFT CAPITAL		
		Firm/ Company	
	PO BOX 526825	2	
		Address	
	MIAMI, FL 33152		
		City/ State and Zip Cod	ಲ
INFO	O@LYFTCAPITAL.COM		
	-	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
DEREK LOPEZ		305	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	irtment 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)
Am Div P.C	illing Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

LYFT CAPITAL INC.

2019 APR -3 PM 2:43

ETT CATTAL INC.	
( <u>Name of Corporati</u>	ion as currently filed with the Florida Dept. of State)
P16000079324	ins what SEC, FL
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	rd "corporation," "company," or "incorporated" or the abbreviation "," "Inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>	
	-41
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DV)
<u></u>	<u> </u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
N. B. L. L. L. G. L.	
New Registered Agent's Signature, if changing Reg hereby accept the appointment as revistered agent.	nstered Agent:  I am familiar with and accept the obligations of the position.
The same of the sa	Tan January Tin and a safe the sonigation of the position.
Sign	nature of New Registered Agent, it 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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change	V	Javier Gonzalez	7601 E Treasure Dr. # 2220
Add			North Bay Village, FL 33141
X Remove			
2) Change	V	Derek Lopez	14310 SW 8 St. #942516
X Add			Miami, Fl. 33194
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nending or adding additional Ar ch additional sheets, if necessary).	(Be specific)			
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16			<b></b>	.: C: 1 1	
pro	amendment provides for an exc visions for implementing the am	<u>nange, reclassin</u> endment if not c	entained in the am	i <del>tton of issued Sija</del> iendment itself:	ires,
	(if not applicable, indicate N/A)				
			<del></del>	- <del> </del>	<del></del>
			<del></del>		
			<del> </del>		
			<del> </del>		

The date of each amendment(s) adoption:	3/8/19		, if other than the
date this document was signed.	3/8/19		
Effective date <u>if applicable</u> :	tno more than 90 days afi	ter amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department		story filing requirements, this date will	, not be listed as the
Adoption of Amendment(s) (Q	CHECK ONE)		
■ The amendment(s) was/were adopted by the shareholders was/were sufficient for		of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each voti			
"The number of votes cast for the an	mendment(s) was/were sufficie	nt for approval	
by			
ſ	voting group)		
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without s	hareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	he incorporators without share	holder action and shareholder	
03/08/19 Dated			
Signature	L. 0-1		
(By a director, pr selected, by an ir	resident or other officer – if di ncorporator – if in the hands of ary by that fiduciary)	rectors or officers have not been f a receiver, trustee, or other court	_
ANDRE	SPAULDING		
	(Typed or printed name of p	erson signing)	<del></del>
PRESIDI	ENT		
<del></del>	(Title of person	signing)	