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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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DEC 7 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Lowing | y corporation |
|---|--|
| DOCUMENT NUMBER: PIGOMOS | 1412 |
| The enclosed Articles of Amendment and fee are | e submitted for filing. |
| Please return all correspondence concerning this | matter to the following: |
| <u>Lowin</u> | 9 A. Oloregon Name of Contact Person |
| Lewing | corporation |
| | Firm/ Company |
| <u> </u> | COCT |
| | Address |
| Hallandalz | Beach, FL 33009 |
| | City/ State and Zip Code |
| E-mail address. (to b | e used for future annual report notification) |
| For further information concerning this matter, p | lease call: |
| Lewing A. Obragón | at (786) 337 - 3890 |
| 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 Certificate of Statu | |
| Mailing Address Amendment Section | Street Address Amendment Section |

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

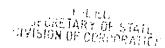
Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of



2016 DEC -5 PM 1: 48 wina corporation (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent Lowing A. Obrogon Leiva 636 NW GCT
(Florida street address) New Registered Office Address: Hallandale

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 <math>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.

Frample:

| X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------------------|------------------------|--|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | i . |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change | <u>P</u> | Obregon Lewing | 636 NW 6CT |
| Add | | | Hallandale, FC33009 |
| Remove | | | |
| 2) Change | P | Lewing A-Obregon Leiva | LESLO NU LO CT Hallandale, FL 38009 |
| Add Remove | | | riana voic, rosse |
| 3) Change | | | |
| Add | • | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| 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) | | | | |
|--|---------------------------------------|--------------------------|---------------------------|--------------------|
| provisions for implementing the amendment if not contained in the amendment itself: | | | | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|-------------------------------------|
| date this document was signed. | SUPELINE TARY OF A |
| Effective date <u>if applicable</u> : | HVISION OF CORPORATION |
| (no more than 90 days after amendment file date) | 2016 DEC -5 PM 1: 48 |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records. | this date will not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval. | lment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following a must be separately provided for each voting group entitled to vote separately on the amendment(s) | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | reholder |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | lder |
| Dated_11/29/2016, Signature Lewing Chreson | |
| Signature Lewing Obreson | |
| (By a director, president or other officer – if directors or officers have no | |
| selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary) | er court |
| appointed inductary by that inductary) | |
| Lewing A. Obreann Leiva | |
| (Typed or printed name of person signing) | |
| President. | |
| (Title of person signing) | |