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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: LABELLE ENTER	RPRISES OF FLORIDA, II	NC		
DOCUMENT NUMBE	P16000084946				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this mat	tter to the following:			
ŗ.	LEIDY VASALLO				
_		Name of Contact Persor	1		
\	VASALI.O'S MULTI-SERVICES, CORP				
-	· · · · · · · · · · · · · · · · · · ·	Firm/ Company			
6	603 GUNNERY RD N				
_		Address			
L	EHIGH ACRES, FL 33971				
<del>-</del>		City/ State and Zip Code	e		
VASA	LLOSMULTISERVICES@	GMAIL.COM			
<del> </del>	E-mail address: (to be us	sed for future annual report	notification)		
For further information ALEIDY VASALLO	conceming this matter, pleas	se call: at (at			
Name of Contact Person		at (Area Co	de & Daytime Telephone Number		
	the following amount made		·		
S35 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)		
Amer Divis P.O. I	ng Address idment Section ion of Corporations 30x 6327 nassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

LABELLE ENTERPRISES OF FLORIDA, INC.	
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P16000084946	
(Document )	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	
	The state of the s
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	<u> </u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
new registered agent and/or the new registered offic	e address.
Name of New Registered Agent	
•	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Now Desired America Signature if sharping Designature	and Amounts
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
<del></del>	CN De la Life de la
Signature	e 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	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
i) Change	SVP	RAUL GARCIA	4011 S EDGEWATER CIR	
Add			LABELLE, FL 33935	
XRemove				
2) Change	SVP	ANTONIO RUBALCAVA	151 JAYCEE LIONS DR APT 205	
Add			LABELLE, FL 33935	
X Remove				
3) Change	SVP	GONZALO RAYA GARCIA	4011 S EDGEWATER CIR	
X Add			LABELLE, FL 33935	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			<del></del>	
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
<u> </u>	
·	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) add date this document was signed.	option: 10/05/17	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and shareholder	
action was not required.	sted by the incorporators without shareholder action and shareholder	
Dated 10	05/17 Bee	
Signature /	3-6-2	
(By a dir	ector, president or other officer – if directors or officers have not been	<del></del>
	, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointe	d fiduciary by that fiduciary)	
1	MAIRELIS PEREZ	
-	(Typed or printed name of person signing)	
I	PRESIDENT	
<del>-</del>	(Title of person signing)	