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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: LIXAN LOQ DOCUMENT NUMBER: P170000	istic Inc.
The enclosed Articles of Amendment and fee are submitted f	or filing.
Please return all correspondence concerning this matter to the	e following:
Eladio	Perez
Name	e of Contact Person
	Firm/ Company
	Address
City/	State and Zip Code
E-mail address: (to be used for fu	nture annual report notification)
For further information concerning this matter, please call:	
Fladia Perez-	at (766) 237-7606 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43 \\ Certificate of Status \\ (Add)	.75 Filing Fee & Status  iffied Copy Certificate of Status  ditional copy is Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

	Articles of Incorpo	oration		
1 126 - 10-16	of —			
LIXAN LUGIO	<u> </u>	110.	4 65+-+->	
(Name of Corpo	ration as currently file	ed with the Florida Dept	t. of State)	
<u> </u>	100001	(054		
(D	ocument Number of Cor	poration (if known)		
Pursuant to the provisions of section 607.1006. Flits Articles of Incorporation:	lorida Statutes, this Flor	ida Profit Corporation a	dopts the follov	ving amendment(s) to
A. If amending name, enter the new name of t	he corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o.	Corp," "Inc," or "Co" r the abbreviation "P.A.	. A professional corpor	orated" or the ation name mu	: abbreviation ist contain the
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			<del>.</del>	
(17 mespai byjec Bauress into a service in the serv				
	_		1	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E ROY)		ĭ	E T
(Mailing address MAT BE A FOST OFFICE	<u>е вол</u> ) _	· · ·		TI ITI
	_		<u> </u>	
	_			<u> </u>
			A .1	<u> </u>
D. If amending the registered agent and/or renew registered agent and/or the new regist		in Florida, enter the na	me o <u>i the</u>	
	Eladia D	0507-		
Name of New Registered Agent	<u>laala ri</u>			<del></del>
	1021SW	129 AVO		
	(Florida street a	iddress)	0	2121
New Registered Office Address:	Miami		_, Florida	3184
	(Cit	17	(-	Zip Code)
	- Di-t			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	<u>ent. I am familiar with</u>	and accept the obligation	ns of the position	on.
	,			
$\alpha$				
× flan		stered Agent, if changing		
/	Signature of New Regi.	stered 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 <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.

Example: X Change	PT	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
1) K Change	ρ	Fladia Perez	1021 SW 129 Ave
Add			Miami, FL 33184
Remove			
2) Change Add	_5	Lixan Gonzalez-Perez	1001 SW 129 Ave Miami FL 33189
Add Remove			
3 ) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s (Be specific)	<u>) here</u> :		
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·			<u>. —</u>	
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				·
F. If an amendment provides for an exc	hange, reclassificati	on, or cancellation	of issued shares.	
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not cont	ained in the amends	nent itself:	
$\Delta \perp / \Delta$				
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		<del></del> -		<del></del>
				<del>-</del>
				<u>-</u>

The date of each amendment(s) adoption:
date this document was signed.
11/10/2017
Effective date if applicable: (nolmore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by"
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature X
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
<u>Fladia Perez</u>
(Typed or printed name of person signing)
President
(Title of person signing)