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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: LONZALO'S HOL	DINGS, INC.		
DOCUMENT NUMB				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	JEFFREY A. HERZOG, ESC	UIRE		
		Name of Contact Person	1	
	LAW OFFICES OF JEFFREY A. HERZOG, P.A.			
		Firm/ Company		
	1805 CYPRESS BROOK DE	• •		
		Address		
	TRINITY, FLORIDA 34655			
		City/ State and Zip Code	2	
M.SP	IER@SYCONCORP.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
JEFFREY A. HERZO	G	727 at (de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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

LONZALO'S HOLDINGS, INC.

(<u>Name o</u>	of Corporation as currently	filed with the Florida D	ept. of State)	
P17000028416				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation	adopts the following an	iendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and com "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corp		viation
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if applie (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and the regis	<i>OFFICE BOX</i>) nd/or registered office addro		name of the	
new registered agent and/or the new	SPIER, MARK C.			
name sy ven neganeren ngem	3104 TOWN AVENUE, SU	JITE 102		
	(Florida stre	et address)		
New Registered Office Address:	TRINITY		Florida	
	•	City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	tered agent. I am familiar w	ith and accept the obligat	29 P	TI

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	CHAPMAN, ROBERT F.	3104 TOWN AVENUE
Add			SUITE 102
X Remove			TRINITY, FL 34655
2) Change	SD_	CHAPMAN, DEBORAH R.	3104 TOWN AVENUE
Add	. <u>—</u>		SUITE 102
X Remove			TRINITY, FL 34655
3) Change	т	STAMPER, LACY	3104 TOWN AVENUE
Add			SUITE 102
X Remove			TRINITY, FL 34655
4) Change	PSD	SPIER, MARK C.	3104 TOWN AVENUE
X Add			SUITE 102
Remove			TRINITY, FL 34655
5) Change			
Add	-		
Remove			
6) Change			
Add			
Remove			

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

JANUARY 1, 2018	: C A A A.
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	:holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
JANUARY 24, 2018	
Dated	
Signature That V	
(By a director, president or other officer - if directors or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or othe	r court
appointed fiduciary by that fiduciary)	
ROBERT F. CHAPMAN	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)