

(Requ	iestor's Name)	
(Addre	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Name)	
(Docu	iment Number)	<del></del>
Certified Copies	Certificates of	Status
Special Instructions to Fil	ling Officer:	

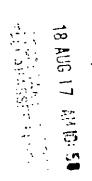




400316857184

08/17/18--01809--019 \*\*35.00

S TALLENT AUG 2 1 2018



Juny

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: LISA L. ENTERF	PRISES, INC.	
DOCUMENT NUMB	ER: P17000031135		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	etter to the following:	
	LISA L. LOCKWOOD		
-		Name of Contact Person	1
	LISA L. ENTERPRISES, I	NC.	
-	<u>.</u>	Firm/ Company	
:	9858 Clint Moore Road, C	• •	
-		Address	
	Boca Raton, Florida 33496		
<del>-</del>	<del></del>	City/ State and Zip Code	e
lliocké	@mac.com		
		sed for future annual report	notification)
	is man address; (to be to	ood for raiding aimad, report	noundation,
For further information	concerning this matter, pleas	se call:	
	-		
Lisa L. Lockwood		at (	)
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:
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)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of

LISA L. ENTERPRISES INC.	
	tly filed with the Florida Dept. of State)
P17000031135	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation  B. Enter new principal office address, if applicable:	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, Florida 33496
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9858 Clint Moore Road, C111 #311  Boca Raton, Florida 33496
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
Name of New Registered Agent NIA	
(Florida s	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature 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)	Title	Name	<u>Addres</u> s
X 1) Change	DIR	LISA L. LOCKWOOD	9858 Clint Moore Rd C111 #31
Add			Boca Raton, FL 33496
Remove			
2) X Change	0	LISA L. LOCKWOOD	9858 Clint Moore Rd C111 #311
Add			Boca Raton, FL 33496
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			***
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
	11.1
· · · · · · · · · · · · · · · · · · ·	
<del></del> .	
<u> </u>	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 east for the amendr by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following standard to 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.	cr
June 26, 2018 Dated	
	<i>&gt;</i>
Signature	
By a director, president or other officer—if directors or officers have not he selected, by an incorporator—if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
LISA L. LOCKWOOD	
(Typed or printed name of person signing)	
DIRECTOR/OFFICER	
(Title of person signing)	