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(Ad-	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<u>.</u> e)
(Do	cument Number)	
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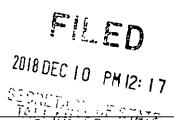


COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	ATION: LGL EVENTS CO	RPORATION		
DOCUMENT NUMB	ER: P17000043851			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
I	LUIS DELGADO			
_		Name of Contact Person	n	
I	LGL EVENTS CORPORATION			
-	Firm/ Company			
9	9071 SW 169TH PATH			
-		Address		
1	MIAMI, FLORIDA 33196			
-		City/ State and Zip Cod	e	
luis.alt	perto.delgado@me.com			
		sed for future annual report	notification)	
	,	'		
For further information	concerning this matter, pleas	se call:		
LUIS DELGADO		at (305	504-9656	
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	artment of State:	
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend 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



LGL EVENTS CORPORATION

(Name of Corporation as current	ly filed with the Florida Dept. of State) SEE, FIFE
17000043851	
(Document Number of	of Corporation (if known)
	,
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
7/A	The new
ume must be distinguishable and contain the word "corporatio Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
	N/A
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent N/A	
Hame of New Registered Agent	
(Florida st	reet address)
(Florida sto	reet address), Florida

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	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	EDGAR A. LATOUCHE	5600 NW 114TH PLACE
X Add			APT.#207
Remove			DORAL, FLORIDA 33178
2) Change	Т	JENNY M. RAMIREZ MARTINEZ	9071 SW 169TH PATH
X Add			MIAMI, FLORIDA 33196
Remove 3) Change	S	EDGAR LATOUCHE	
X Add			
Remove			ALMIN ATT THE WAY
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)
N/A	
	
	
If an amendment provides for an exchange	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	adment it not contained in the amendment users.
N/A	
	
	

	11/08/2018		
The date of each amendment(s)	adoption:		, if other than the
date this document was signed.			
1 	/08/2018		
Enterve date <u>ir appreable</u> .	(no more than 90	days after amendment file date)	······
Note: If the date inserted in this document's effective date on the I		able statutory filing requirements, this da	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were as by the shareholders was/were:		number of votes cast for the amendment(s	5)
		ugh voting groups. The following statement of the separately on the amendment(s):	ent
"The number of votes can	st for the amendment(s) was/were	e sufficient for approval	
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors	without shareholder action and shareholde	er
The amendment(s) was/were a action was not required.	dopted by the incorporators with	out shareholder action and shareholder	
Dated	IR VIVE		
(∯y a selec		er – if directors or officers have not been hands of a receiver, trustee, or other cour	1
	LUIS DELGADO		
	(Typed or printed r	name of person signing)	
	PRESIDENT		
	(Title o	of person signing)	.