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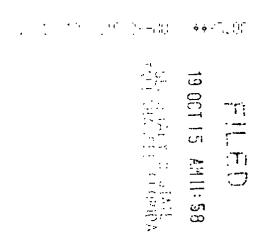
| (Red | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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TSCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: LASJ GROUP IN | C | | | |
|---------------------------|---|--|--|--|--|
| DOCUMENT NUMB | ER: P17000069630 | <u> </u> | | | |
| | of Amendment and fee are su | ibmitted for filing. | | | |
| Please return all corresp | ondence concerning this ma | atter to the following: | | | |
| | Rodolfo Rivero Figueredo | | | | |
| - | | Name of Contact Person | 1 | | |
| | LASJ GROUP INC | | | | |
| <u>.</u> | | Firm/ Company | | | |
| | 7763 NW 64th St, Suite No 3 | 2 | | | |
| - | Address | | | | |
| | Miami, FL, 33166 | | | | |
| - | | City/ State and Zip Cod | e | | |
| bayari | anmotsports@gmail.com | | | | |
| | . • | sed for future annual report | notification) | | |
| | | | | | |
| For further information | concerning this matter, pleas | se call: | | | |
| Rodolfo Rivero Figueredo | | at (| de & Daytime Telephone Number | | |
| 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) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Amer Divis P.O. | ing Address indment Section ion of Corporations Box 6327 hassee, 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

LASJ GROUP INC

| florida Dept. of State) |
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| |
| mown) |
| rporation adopts the following amendment |
| |
| The new |
| or "incorporated" or the abbreviation onal corporation name must contain the |
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| |
| nter the name of the |
| |
| 20- 771 |
| <u>-</u> 3 5 |
| Florida > 000 |
| (Zip Code) |
| |

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: \underline{X} Change | <u>PT</u> | John Doe | |
|---------------------------------|--------------------------|--------------------------|------------------------|
| X Remove | $\underline{\mathbf{V}}$ | 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) Change | P | SALAS MEDINA, JUAN C | 7763 NW 64 ST - STE. 2 |
| Add X | | | MIAMI, FL 33166 |
| 2) X Change | PD | RODOLFO RIVERO FIGUEREDO | 4838 SW 135TH CT |
| Add | - | | MIAMI, FL, 33175 |
| Remove $\frac{X}{S}$ Change | VP/T | ERNESTO NUALLES, CARLOS | 14959 SW 59 ST |
| Add | | | MIAMI, FL 33193 |
| Remove | | | 19 0c |
| 4) Change | | | |
| Add | | | |
| 5)Change | | | <u>.</u> |
| Add Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach additional sheets, if necessary). (The specific) If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A) | |
|--|----------|
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | |
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| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | 007 |
| (if not applicable, indicate N/A) | 2 |
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| | 09/19/2019 | |
|---|---|--|
| The date of each amendment(s) adoption | on: | , if other than the |
| date this document was signed. | | |
| 09/19/20 | 19 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | , | |
| Note: If the date inserted in this block document's effective date on the Department. | does not meet the applicable statutory filing requirements, this date winent of State's records. | Il not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were adopted by the shareholders was/were sufficient | by the shareholders. The number of votes cast for the amendment(s) ant for approval. | |
| | d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s): | |
| | ne amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| action was not required. The amendment(s) was/were adopted action was not required. 10/10/2019 Dated Signature | by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder | 19 OCT 15 ANII: |
| selected, by appointed fi | or, president or other officer—if directors or officers have not been an incorporator—if in the hands of a receiver, trustee, or other court duciary by that fiduciary) | 200 200 200 200 200 200 200 200 200 200 |
| | (Typed or printed name of person signing) | |
| | P/D | |
| | (Title of person signing) | |