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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: LAKESIDE BUSI	NESS GROUP INC					
DOCUMENT NUMBE	:R: P17000069779						
The enclosed Articles of	Amendment and fee are su	bmitted for filing.					
Please return all correspo	ondence concerning this ma	tter to the following:					
R	ENATO EUGENIO						
_	·	Name of Contact Person	1				
D	DPRG ENTERPRISE CORP						
-		Firm/ Company					
. 8	424 COVENTRY PARK W	/AY					
` <u>-</u>		Address	. <u> </u>				
·	VINDERMERE, FL 34786						
		City/ State and Zip Cod	e				
BUSIN	ESSFACTORYUSA@GM	AIL.COM					
	-	sed for future annual report	notification)				
		•					
For further information of	concerning this matter, pleas	se call:					
RENATO EUGENIO		at (_407	965-9349				
Name of	Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State;				
S35 Filing Fee	□S43.75 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		Street Address Amendment Section Division of Corporations					
P.O. Box 6327		Clifton Building					

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

LAKESIDE BUSINESS GROUP INC

1

				_ <u></u> -
·	of Corporation as currently	filed with the Florida De	pt. of State)	0
P17000069779				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following amendn	nent(s) to
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpo		on
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S				-
•		 		•
•				-
C. Enter new mailing address, if appli	icable:			
(Mailing address MAY BE A POST				-
			·-···	-
			. ,	-
D. If amending the registered agent an new registered agent and/or the new			ame of the	
	DE FARIA SANTOS, EDI	-		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·			
	17505 PLACIDITY AVE			
	(Florida stre	vet address)		
New Registered Office Address:	CLERMONT		, Florida	_
	t	(City)	(Zip Code)	
New Registered Agent's Signature, if c	honging Degistered Aconts			
I hereby accept the appointment as regist			ons of the position.	
	A	- •	•	
	TELL JAPA	\mathcal{N}		
	Signature of New R	egistered Agent, if changing	<i>;</i>	

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:

 $P = President; V \neq Vice President; T = Treasurer; S \neq Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 PT. John Doe X Remove <u>v</u> Mike Jones X Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Name Address (Check One) RICARDI BERTON, ELSON 6965 PIAZZA GRANDE AVE 1) ____ Change STE 309 - ORLANDO, FL 32835 _____ Add X Remove DE FARIA SANTOS, EDUARDO R 17505 PLACIDITY AVE 2) ____ Change X Add **CLERMONT FL 34714** Remove 3) ____ Change ____ Add Remove 4) Change __ Add __ Remove 5) ____ Change Add ___ Remove 6) ____ Change __ Add Remove

f 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)		
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provisions for implementing the amendment if not contained in the amendment itself:	an amendment provides for an exchange reclassification or cancellation of issued shares	
(if not applicable, indicate N/A)	provisions for implementing the amendment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)	
	······································	

10/31/2017	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
10/31/2017	
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, this date we document's effective date on the Department of State's records.	ill 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 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 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 shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
10/31/2017	
Dated	
Signature Signature	
(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)	
RICARDI BERTON, ELSON	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)