P17000072815

(Re	questor's Name)	
Ad	dress)	
(Ád	dress)	
(Cit	y/State/Zip/Phone i	#)
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(Do	cument Number)	
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JUL 12 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LUEDON ENTER	RPRISE INC		
DOCUMENT NUMB	ER: P17000072815			
	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
		LUE, DONOVAN Anthe	ony	
		Name of Contact Person	n	
	G	C SERVICES CONSULTA	NYT	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Firm/ Company	**************************************	
		P.O BOX 16251		
		Address		
	J-	ORT -LAUDERDALE, FL	. 33318	
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Lue,	Donovan Anthony	954 at (279-5883	
Name c	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:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building	
Talla	hassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(<u>Name c</u>	of Corporation as curr	ently filed with the Florida Dept.	of State)	
217000072815				
	(Document Numb	er of Corporation (if known)	-	
ursuant to the provisions of section 607, s Articles of Incorporation:	1006, Florida Statutes,	this <i>Florida Profit Corporation</i> add	opts the followir	ig amendmei
. If amending name, enter the new na	me of the corporation	<u>:</u>		
UEDON ENTERPRISE INC				The new
nne must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," (or "Co". A professional corpora		_ bbreviation
Enter new principal office address	if annlicable:	6140 NW 11TH STREET	,	- <u>-</u>
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		SUNRISE, FL 33313		
			£.	H 2:
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		6140 NW 11TH STREET		里口
		SUNRISE, FL 33313	5,65	7. 05
				
 If amending the registered agent an new registered agent and/or the nev 			e of the	
Name of New Registered Agent	Lue Donovan Anthony			
	6140 NW 11TH STRI	EET		
		a street address)		_
	SUNRISE		Florida33313	
New Registered Office Address:	_ 	(City)		Code)

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 Do	<u>e</u>	
X Remove	V	Mike Jo	nes	
<u>X</u> Add	<u>SV</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	MGR		OTTEY, CAROLA C	6140 NW 11TH STREET
Add				SUNRISE, FL 33313
X Remove				
2) Change	_	_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Muach additional sheets, if necessa	rry). (Be specific	7		
				
				
				-
				
				
	· - ·			
an amendment provides for an provisions for implementing the (if not applicable, indicate N.	amendment if no			ares,
	<u> </u>		<u> </u>	
			·	

1 1 + 1 · 1	06/17/2019	
The date of each amendment(s) adoptic		, if other than the
date this document was signed. 06/17/201	[4]	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date winent of State's records.	ll 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) nt for approval.	
☐ The amendment(s) was/were approved must be separately provided for each	I by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and shareholder	
06/19/ Dated	72019	
Signature	idon Enterbrise	
selected, by a	r, president or other officer ‡ if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court luciary by that fiduciary)	
	Luc, Donovan Anthony	
	(Typed or printed name of person signing)	
	Manager	
	(Title of person signing)	