## P170000 80083

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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THE SEPTEMBERS

OCT - " 2013

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: LUALIS GROUP	, INC.	. <u>-</u>		
DOCUMENT NUM					
The enclosed Articles	of Amendment and fee are si	abmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	MODESTO GUTIERREZ				
	Name of Contact Person				
		Firm/ Company			
	2500 SW 107TH AVE SUIT	E 24			
	MIAMI, FL 33165	Address			
		City/ State and Zip Code	<u> </u>		
MOD	E67@HOTMAIL.COM	Chyr State and Zip Coul	_		
	<del>-</del>	sed for future annual report	3.85		
	is man address, (to be a	sed for future annual report	nourication)		
For further information	n concerning this matter, pleas	se call:			
MODESTO GUTIER	REZ	786	991-4144		
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment 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.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301		

## Articles of Amendment to Articles of Incorporation

FILED

	U1				
LUALIS GROUP, INC.			SEP 19 F= 40 E=		
(Name	of Corporation as currently	filed with the Florid	la Dept. of State)		
P17000080083		:	K LANASTEE FLUID		
	(Document Number of	<del></del>			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Plorida Profit Corpora	ation adopts the following an	еле	
A. If amending name, enter the new n	ame of the corporation:				
N/A					
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o A professional c	TheThe incorporated" or the abbre corporation name must cont		
B. Enter new principal office address, if applicable:		N/A			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )				
		<del></del>			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE BOX)	2500 SW 107TH AV	VE SUITE 24		
		MIAMI, FL 33165			
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter tl	he name of the		
new registered agent and/or the new	W registered office address:  MODESTO GUTTERREZ				
Name of New Registered Agent	MODESTO GUTTERREZ	<del></del>			
	2500 SW 107TH AVE SUITE 24				
	(Florida stree	et address)			
New Registered Office Address:	MIAMI		, Florida		
	(0	City)	(Zip Code)		
New Registered Agent's Signature, if cl	nanging Registered Agent:				
hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the oblig	gations of the position.		
$\sim$			,		
· N//	alife				

Signature of New Registered Agent, if changing

Attach additional she Please note the officer P = President; V = V Executive Officer; CF held. President, Treas Changes should be no a change, Mike Jones	eets, if nece; r/director ti ice Presider 50 = Chief surer, Direc sted in the fo leaves the	tle by the first letter of the office title: ht; T= Treasurer; S= Secretary; D= Direc Financial Officer. If an officer/director h tor would be PTD. following manner. Currently John Doe is li	ctor; TR= Trustee; C = Chairman or Clerk; CE tolds more than one title, list the first letter of e sted as the PST and Mike Jones is listed as the lind S. These should be noted as John Doe, PT as
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones /	
X Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	MARIA E. SOSA	8902 NW 114TH STR.
Add			HIALEAH GARDENS, FL 33018
X Remove			
2) Change	P	MODESTO GUTIERREZ	2500 SW 107TH AVE SUITE 24
X Add			MIAMI, FL 33165
Remove			
3) Change			
Add			
Remove			
4) Change			1
Add			
Remove			
5) Change			
Add	-		
Remove			
6) Change			
Add			
Remove			<del></del>
		Dama 3 a.f. 4	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, n

address of each Officer and/or Director being added:

(Atta	ch additional sheets,	if necessary). (	<b>s, enter chan</b> ; Be specific)	ge(s) here:			
N/A							
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. If an	amendment provide	es for un exchang	a roolnesifiaa	ition or on-			
pro	<u>sisions for implem</u> en	ting the amendm	ent if not con	tained in the	amendment its	<u>u snares,</u> elf:	
	(if not applicable, ind	licate N/A)					
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		<del>_</del>					
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				<u> </u>			

The date of each amendment(s) add date this document was signed.	option:	, if oth
N/A		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be lis
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	1
by		
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
09/12/2019 Dated// Signature///	alde	
selecțed,	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	-
М	IODESTO GUTIERREZ	
_	(Typed or printed name of person signing)	
PF	RESIDENT	ļ
_	(Title of person signing)	<del>- i</del> -