118000022228

| | (Requestor's Name) |
|---------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-J | JP WAIT MAIL |
| _ | (Business Entity Name) |
| | |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instruction | ns to Filing Officer: |
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| <u>,</u> | Office Use Only |



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2010 FPR - 2 NH mir -

APR 0 3 2018 C McNAIR

COVER LETTER

TO: Amendment Section Division of Corporations 2010 APR - 2 AN RE 4

| NAME OF CO | RPORATION: LOLAYMANU CO | ORP | | | |
|-------------------|--|--|---|--|--|
| DOCUMENT | P18000022228 | | | | |
| The enclosed Ar | icles of Amendment and fee are sub | omitted for filing. | | | |
| Please return all | correspondence concerning this mat | ter to the following: | | | |
| | STEPHANIE MARTINEZ | | | | |
| | | Name of Contact Person | 1 | | |
| | ATPLUS | | | | |
| | ······································ | Firm/ Company | | | |
| | 3650 NW 82ND AVE STE 404 | | | | |
| | - | Address | | | |
| DORAL FL 33166 | | | | | |
| | City/ State and Zip Code | | | | |
| | ATPLUS@LIVE.COM | | | | |
| | | ed for future annual report | notification) | | |
| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| For further infor | nation concerning this matter, pleas | e call: | | | |
| STEPHANIE M | artinez | at (<u>3</u> 05 | 484-4995 | | |
| | ame of Contact Person | | de & Daytime Telephone Number | | |
| Enclosed is a che | ck for the following amount made p | payable to the Florida Depa | ertment of State: | | |
| S35 Filing F | e □\$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) | | |
| | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section on of Corporations Building xecutive Center Circle assec, FL 32301 | | |

Articles of Amendment to Articles of Incorporation of



LOLAYMANU CORP

2018 APS -2 27 AL 4

| EOE/TTM/ATOCORU | | | |
|--|-----------------------------------|--|--|
| | Same of Corporation as currer | ntly filed with the Florida Dept. of State) | |
| 218000022228 | | | |
| | (Document Number | of Corporation (if known) | |
| | (continue) | | |
| Pursuant to the provisions of sections as Articles of Incorporation: | on 607.1006, Florida Statutes, th | is Florida Profit Corporation adopts the following amendment(| |
| A. If amending name, enter the | new name of the corporation: | | |
| | | | |
| | designation "Corp," "Inc." or | ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A." | |
| | | 18972 SW 32 CT | |
| . <u>Enter new principal office ad</u> Principal office address <u>MUST B</u> | dress, if applicable: | | |
| rincipal office dutiess <u>most b</u> | <u>LASTREET ADVIRESS</u> (| MIRAMAR FL 33029 | |
| | | | |
| | | | |
| . Enter new mailing address, i | | 18972 SW 32 CT | |
| (Mailing addiess <u>MAY BE A J</u> | POST OFFICE BOX) | | |
| | | MIRAMAR FL 33029 | |
| | | | |
| | | | |
| | | dress in Florida, enter the name of the | |
| <u>new registered agent and/or t</u> | the new registered office addre | <u>'88;</u> | |
| Name of New Registered . | Agent | | |
| , | <u></u> | | |
| | (Elimida | street address) | |
| | r ion iaa . | Areet aan ess) | |
| New Registered Office Ad | dress: | , Florida | |
| ļ. | | (City) (Zip Code) | |
| | | | |
| | | | |
| iew Registered Agent's Signatur | | | |
| nereby accept the appointment as | s registerea agent i am jamina | r with and accept the obligations of the position. | |
| | | | |
| | | | |
| · | Cimentury of Men. | Registered Agent, if changing | |
| | Signature of New | negmered agent, y enunging | |

| 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: |
| | l sheets, if necessary) |
| Please note the d | fficer/director title by the first letter of the office title: |
| | = Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief |
| Executive Office | : CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office |
| held President | reasurer Director would be PTD |

held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc 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.

| 1 | |
|--|-------------|
| X Remove V Mike Jones | |
| _X Add SV Sally Smith | |
| Type of Action (Check One) Title Name Address | |
| 1) Change | |
| Add | |
| Remove | |
| 2) Change | |
| Add | |
| Remove | |
| 3) Change | |
| Add | |
| Add | |
| Remove | |
| 4) Change | |
| Add | |
| Remove | |
| | |
| 5) Change | |
| Add | · · |
| Remove | |
| 6) Change | |
| Add | |
| Remove | |

| E. If amending or adding additional Articles, enter change(s) here: |
|--|
| (Attach additional sheets, if necessary). (Be specific) |
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| F. 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) |
| |
| j |
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| |
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| |

| The date of each amendment(s) adoption: | , if other than the |
|---|--|
| date this document was signed. | |
| Effective date <u>it applicable</u> : | |
| (no more than 90 day | es after amendment file date) |
| Note: If the date inserted in this block does not meet the applicable locument's effective date on the Department of State's records. | statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval. | aber of votes cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote | |
| "The number of votes cast for the amendment(s) was/were suf | |
| by | ." |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors with action was not required. | out shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the incorporators without s action was not required. | shareholder action and shareholder |
| Dated | |
| .1. ∌ .\ | _ |
| Signature William Signature | 20.12 |
| (Hy a director president or other officer – selected, by an incorporator – if in the har appointed fiduciary by that fiduciary) | |
| Nicolas M. A (Typed or printed name | ndonegui |
| (Typed or printed name | e of person signing) |
| Presid- | ent |

(Title of person signing)