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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 1 9 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

• •

NAME OF CORPORA	ATION:L	ALILU CORPORATION		
DOCUMENT NUMBE	CR:	P18000033061		
The enclosed Articles of	f Amendment and fee are si	ubmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
		ADRIANA LANCHERO	S	
_		Name of Contact Perso	n	
_		Firm/ Company		
		7701 NW 15TH ST. CO28	86943	
_	Address			
_	MIAMI, FL 33106			
_		City/ State and Zip Cod	e	
		alancheros@yahoo.com	n	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
ADRIANA LANCHE	ROS	at (8482584	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	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)	
Mailing Address Amendment Section			Address Iment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LALILU CORPORATION

(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State)	
	P18000033	3061		
	(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 f	ollowing amendm	ient(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A			The ner	1¢'
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corporation name	the abbreviatio	n
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	.	
(Trincipal byface dualess MODI BETTS	,			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	· · · · · · · · · · · · · · · · · · ·	
				π.
			<u> </u>	一
D. If amending the registered agent ar				E
new registered agent and/or the new			TS	: 0
Name of New Registered Agent	N/A		<u></u>	<u>?</u>
	N/A		Die D	์ ว
	(Florida stre	ei address)		
New Registered Office Address:	N/A	, Florida	√ /A	
The state of the s		City)	(Zip Code)	
New Registered Agent's Signature, if e		ith and pagent the philosophers of the no	. misto	
I hereby accept the appointment as regist	erea ageni i am jamuiar w	un ana accepi ine onugations oj ine po	Sition.	
	Signature of New Re	gistered 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Т	María Isabel Camero Duque	7701 NW 15TH ST. CO286943
X Add			MIAMI, FL 33106
Remove			
2) Change			
Add			·····
Remove			
3) Change			
Add			
Remove			
4) Change			
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)	
N/A	
	_
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)	
N/A	
	_

	N/A	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
N	/A	
Effective date <u>if applicable</u> :	· · · · · · · · · · · · · · · · · · ·	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by N/A	<i>;</i> •	
•	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholded by the incorporators without shareholder action and shareholded	
JULY 9	.2018	
DatedSignature	De - Day	
(By a selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	CARMEN LUCIA DUQUE JARAMILLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	