P1800036461

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
NAME OF CORPORATION: LN Reporting, INC. DOCUMENT NUMBER: P18000036461
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Name of Contact Person Neporting INC Firm/ Company Address
Branda #1 33511
City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
VIVMA LIZ MIEVES at (813) 297 - 5751 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amo	iendment	
to Articles of Incor	moration	
of	n poration	
LN Reporting I	NC.	
(Name of Corporation as currently t	filed with the Florida Dept. of State)	
P180000364	161	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s)	to
A. If amending name, enter the new name of the corporation:		
N/A	The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation O". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)	→ :. ∞	
	SS: 16	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 🖺 🗷 🖰	
	——————————————————————————————————————	
	A	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:		
Name of New Registered Agent		
1803 Printer (Florida street)	nceton lakes DR #107	
_ ·	·	
New Registered Office Address:	City) Florida 33511 (Zip Code)	
,0	(Elp Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	ith and accept the obligations of the position.	

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.

Mike Jones, V as Remove	z, and Sai	uv Smith, S	SV as an Add.		
Example: X Change	<u>PT</u>	John Do	<u>e</u>	N/A	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	1 > ()	(
_X Add	<u>sv</u>	Sally Sn	n <u>ith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1)Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
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)	
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	

The date of each amendment(s) adoption:date this document was signed.	OCTOBER	\	2018	, if other than the	
Effective date if applicable:	OC TOBEN	\	,2018		
(no more than 90 days after amendment file date)					
Note: If the date inserted in this block does not in document's effective date on the Department of State		ig requ	irements, this date v	will not be listed as the	
Adoption of Amendment(s) (CHEC	K ONE)				
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr		ast for	the amendment(s)		
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro					
"The number of votes cast for the amendm	ent(s) was/were sufficient for app	roval			
by	group)	``			
☐ The amendment(s) was/were adopted by the boa action was not required.	- ,	er actio	n and shareholder		
☐ The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder ac	tion and	d shareholder		
Dated OTOSOS Signature	L 1018				
(By a director, presider	nt or other officer – if directors or rator – if in the hands of a receive that fiduciary)				
Vic	MA Liz Nie	2 16	S		
(Ту	ped or printed name of person sign	ning)			
	President				
	(Title of person signing)			 _	