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To:

Division of Corporations

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Enter the email address for this business entity to be used for future annual report mallings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN PILATUS USA CORP

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: PILATUS USA CORP DOCUMENT NUMBER: P18000041001 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YAMILA TRABUCCO Name of Contact Person PRESIDENT --- -----Firm/ Company 4474 WESTON RD STE 315 WESTON, FL 33331 City/ State and Zip Code lensur-accounting@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; YAMILA TRABUCCO at (______) 3648824
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

(Additional copy is

enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

PILATUS USA CORP	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P18000041001	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6447 MIAMI LAKES DR EAST
(Principal office address MUST BE A STREET ADDRESS)	STE 103 F
	MIAMI LAKES, PL 33014
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6447 MIAMI LAKES DR EAST
	STE 103 F
	MIAMI LAKES, FL 33014
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida)	street address)
New Registgred Office Address:	, Florida _. (Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familia	
The state of the s	
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 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doc			
X Remove	<u>.Y</u>	Mike Jones			
X Add	SV	SV Sally Smith			
Type of Action (Cheek One)	Title	Nanic	<u>Address</u>		
1) Change	Х	YAMILA TRABUCCO	4474 WESTON RD		
Add X Remove			DAVIE, FL 33331		
2) Change	X	ILIANA CRUZ	6447 MIAMI LAKES DR EAST		
X Add			STE 103 F		
Remove			MIAMI LAKES, FL 33014		
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)					
					
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provisions	iment provides for an excl for implementing the ame applicable, indicate N/A)	nange, reclassificati endineat if not cont	ion, or cancellation ained in the amer	on of issued slares, idment itself:	

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	12/18/2018
The date of each amendment(s) date this document was signed.) adoption:, il other than the
	2/18/2018
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 20 days after amenament fac attacy
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were action was not required.	ndopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
12/18/20 Dated Signature	a up
selec	n direct of president or other officer - if directors or officers have not been cled, by an incorporator - if in the hands of a receiver, trustee, or other court sinted (iduciary by that fiduciary)
	YAMILA TRABUCCO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)