Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000263933 3)))



	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.							
	To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944							
	**Enter the email address for this business entity to be used for future STALLENT annual report mailings. Enter only one email address please. ** SEP 1 7 2018							
RECEIVE:	Certificate of Status Certified Copy Page Count O O O O O O O O O O O O O							
	Electronic Filing Menu Corporate Filing Menu Help							

LAZARUS CORPORATE

PAGE 02/05

09/14/2018 11:59

3055541061

TOTAL TAX

Articles of Amendment

PAG. 02/05

	to
Article	es of Incorporation
in C	of .
	EN VARA A LA LANGRA CORP
(Name of Corporation as c	currently filed with the Florida Dept. of State)
P180 D0	00 60 99 3
	umber of Corporation (if known)
	es, this Florida Profit Cosporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:
name must be distinguishable and contain the word "carp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "characed," "profassional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address if continuals.	X.A.
(Principal office address MUST BE A STREET ADDRESS)	197.60
	क राज्य
C Peter w	100 = 10
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	
ENTIRE STOST OFFICE BUX	
	#
	Service College
D. If amending the registered agent and/or registered office new registered agent and/or the now registered office ag	e address in Florida, enter the name of the
Hame of New Registered Agent	
(Flor	ida street address)
Mare Revistered Office Address:	
The maren.	(Clty) Florida
	(City) (Zip Code)

Signature of New Registered Agent, if changing

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

09/14/2018 12:27 3052201440 09/14/2018 11:59 3055541061

TOTAL TAX

PAG. 03/05

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and (Attach additional sheats, 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.

example.			
X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Iones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
Change Add Remove	<u>VP</u>	Francisco Padasen	14750 SW 265T # 116 You' FL 33185
2) Change			
Add			
3) Change			
Remove			
4) Change		·	
Remove			
5) Chango Add			
Remove			
7) Change Add			
Remove			

		, у песезастуу.	ticles, enter change(s) here: (Be specific)	
		- <u></u>		
	·			
		 ,		
		· · ·		
		 ,		
		<u>, , , , , , , , , , , , , , , , , , , </u>		
or or with the property of the	ndment provices for implome t applicable, in	inting the amer	nange, reclassification, or cancellation of insued theres, nament if not contained in the amendment itself:	
UCDVIVION	I TOL IMPIOUS	inting the amer	nange, reclassification, or cancellation of insued shares, reclassification or cancellation of insued shares, redment if not contained in the amendment itself:	
UCDVIVION	I TOL IMPIOUS	inting the amer	nange, reclassification, or cancellation of insued shares, indment if not contained in the amendment itself:	
o covertion	I TOL IMPIOUS	inting the amer	nament II not contained in the amendment Itself:	
of changon	I TOL IMPIOUS	inting the amer	nament II not contained in the amendment Itself:	
of changon	I TOL IMPIOUS	inting the amer	nament II not contained in the amendment Itself:	

. . . .

LAZARUS CORPORATE

PAGE 05/05

09/14/2018 11:59 3055541061

TOTAL TAX

PAG. 05/05

The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(4) (CHECK ONE)	
The attendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.)
□ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	น
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by(voling group)	
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $09/10/2018$ Signature $\times 140h$ Uscone.	
Signature x 140 h USCChe.	
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
THON OSECHE	
(Typed or printed name of person signing)	
_ President	
(Title of person signing)	