# P180000 81633

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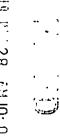


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### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: LUISES HANDIMAN CORP.

DOCUMENT NUMBER: 218000081633 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LUIJ G. DIAZ-BA

Name of Contact Person Firm/ Company 201 SW 18 C7 # 19 Address MIAMI, IZ 33135
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at ( 708) 768 8954

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

#### Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

LUISES HANDIM	AN CORP	28 إلى 19 الله
	ion as currently filed with the F	lorida Dept. of State)
P180000 816	33	
(Docum	ment Number of Corporation (if ki	nowπ)
ursuant to the provisions of section 607.1006, Florida Articles of Incorporation:	a Statutes, this Florida Profit Con	rporation adopts the following amendment(s
. If amending name, enter the new name of the co	orporation:	
LUISES, CORP.		The new
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	o," "Inc," or "Co". A professio	or "incorporated" or the abbreviation
. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>		<u> </u>
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	T
). If amending the registered agent and/or register new registered agent and/or the new registered		ter the name of the
Name of New Registered Agent	NIA	177 - F L
New Registered Office Address:	(Florida street address)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg Thereby accept the appointment as registered agent.	zistered Agent:	
Sign	nature of New Registered Agent if	Cabayaina

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
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3) Change			
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4) Change			
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Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

	ending or adding additional A an additional sheets, if necessary	). (Be specific)			
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f an a provi	amendment provides for an exisions for implementing the ar	change, reclassificat	tion, or cancellatio	n of issued shares,	
((	if not applicable, indicate N/A)			<u> </u>	
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The date of each amendment(s) adoption:	6/25/19	, if other than the
date this document was signed.  Effective date if applicable:	(0/25/19	
	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this block does not document's effective date on the Department of St.		requirements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the shaby the shareholders was/were sufficient for app		for the amendment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr		
"The number of votes cast for the amendr	ment(s) was/were sufficient for appro-	val
by(voting	***	
(voting	g group)	
☐ The amendment(s) was/were adopted by the bo action was not required.	pard of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action	n and shareholder
DatedSignature		
(By a director, preside	ent or other officer – if directors or of orator – if in the hands of a receiver, y that fiduciary)	
/Tx	LUIS G. DIAZ E	BARRIENTUS
(1)	PRESIDENT	•
	(Title of person signing)	*