P18000095591

| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) |
|---|
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) |
| PICK-UP WAIT MAIL (Business Entity Name) |
| PICK-UP WAIT MAIL (Business Entity Name) |
| PICK-UP WAIT MAIL (Business Entity Name) |
| (Business Entity Name) |
| · |
| · |
| (Document Number) |
| (Document Number) |
| (2222 |
| |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| Special instituctions to mining Officer. |
| |
| |
| |
| |
| |
| 1 |
| |

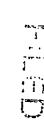




700402725547

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR 23 PH I2: 55



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: LMD GROUP INV | VESTMENTS CORP | | |
|---|---|--|--|------------|
| | BER: P18000095591 | | | |
| | s of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | espondence concerning this ma | itter to the following: | | |
| | ANAIS ARAGON | | | |
| | | Name of Contact Persor | 1 | _ |
| | | Firm/ Company | | _ |
| | 8845 NW 116 street | • • | | |
| | | Address | | _ |
| | Hialeah, FL 33018 | | | _ |
| City/ State and Zip Code | | | | |
| | anais@titlecc.com | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| For further information | on concerning this matter, plea | se call: | | 73.73.000 |
| Anais Aragon | | at (<u>305</u> |) 746-8282 de & Daytime Telephone Numb | ָ רַרָּ |
| Name | of Contact Person | Area Co | de & Daytime Telephone Numb | er - |
| Enclosed is a check f | or the following amount made | payable to the Florida Depo | artment of State: | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314 | | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

2023 MAR 23 PH I2: 1

Articles of Amendment to Articles of Incorporation of

| ı | MD | GROUP | INVESTA | PTMAK | CORP |
|---|----|-------|---------|-------|------|
| | | | | | |

| (Name o | of Corporation as currently | filed with the Florida Dept. of State) | | |
|--|--------------------------------|--|--------------------------|------------|
| P18000095591 | | | | |
| | (Document Number of | Corporation (if known) | | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this F | Florida Profit Corporation adopts the fo | llowing amendm | ent(s) to |
| A. If amending name, enter the new n | ame of the corporation: | | | |
| | 1 14 : 24 | 10 to 12 to 11 to | The nev | |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association," | Corp," "Inc," or "Co". A | ompany, or "incorporated or the abbr professional corporation name must | contain the wor | d |
| • • | | 8845 NW 116 street Hialeah, FL 330 | 18 | |
| B. Enter new principal office address, (Principal office address MUST BE A S | | | | |
| | , | | | |
| | | | | |
| | | | | |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST) | | 8845 NW 116 street Hialeah, FL 330 | 18 | |
| (| , | | 7 E 23 | ; |
| | | | E AR | |
| | | | <u></u> ~~ | * * ** |
| D. If amending the registered agent ar | id/or registered office addr. | oss in Florida, enter the name of the | ASS | . |
| new registered agent and/or the new | | | PHI2: CF ST SEE, F | سمها ۱۱ |
| Name of Name Books and Joont | ANAIS ARAGON | | | (|
| Name of New Registered Agent | 8845 NW 116 street | | ATE ATE | |
| | (Florida stre | et address) | | |
| N D 1 100 111 | Hialeah | Planta 33 | 3018 | |
| New Registered Office_Address: | | , Florida City) | (Zip Code) | |
| | | | | |
| | | | | |
| New Registered Agent's Signature, if c | hanging Registered Agent: | | | |
| I hereby accept the appointment as regist | tered agent. I am familiar w | ith and accept the obligations of the pos | ition, | |
| | | | | |
| | | | | |
| | Signature of New Re | gistered Agent, if changing | | |

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

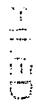
(Attach additional sheets, if necessary)

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 | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | LUCRECIA DELMONTE | 8065 SW 107 AVE #112 |
| Add | | | MIAMI, FL 33173 |
| X Remove | | | 8065 SW 107 AVE #112 |
| 2) Change | V | ADRIANA DELMONTE | MIAMI, FL 33173 |
| Add | | | 8845 NW 116 street |
| X Remove | P | ANAIS ARAGON | Hialeah, FL 33018 |
| X Add | | | |
| Remove | | | 80 C |
| 4) Change | | | |
| Add | | | TE C |
| 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) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | 70 | ~ 3 |
| | <u> </u> | 2023 MAR |
| | <u> </u> | - - 2 - |
| | RETARY OF ST | ₽ |
| | <u> </u> | က |
| | <i>?</i> ; ?; | |
| | - 200 | HM 12: 55 |
| | m & | 7 |
| | STAT E, FL | (0 |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, | E A | က် |
| provisions for implementing the amendment if not contained in the amendment itself: | , | |
| (if not applicable, indicate N/A) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | . | |
| | | |
| | | |
| | | |
| | | |
| | | |



| The date of each amendment(s) adoption: | if oth | er than the |
|--|------------|--------------|
| date this document was signed. | | |
| 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 date will document's effective date on the Department of State's records. | not be 1 | isted as the |
| Adoption of Amendment(s) (CHECK ONE) | | |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required. | sharehol | der |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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): | | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | | |
| by" (voting group) | | |
| (voting group) | <u>S</u> 5 | 2 |
| appointed fiduciary by that fiduciary) | VEL DE S | THE THE D |
| (Typed or printed name of person signing) | | |
| (Title of person signing) | | |