

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
<u></u>	
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
Special Instructions to Filing	Officer:

Office Use Only



300333350733

08/27/19--01010--018 **35.00

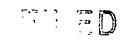
C. GOLDEN SEP - 7 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LASALDE RIVER	RA GROUP, INC.	
DOCUMENT NUMB	P19000000207		
The enclosed Articles of	of Amendment and fee are su	binitted for filling.	
Please return all corres	pondence concerning this mat	tter to the following:	
	LILY CALDERON		
·	SHOMAR ACCOUNTING,	Name of Contact Person PA	1
		Firm/ Company	
	7777 NW 146TH ST		
		Address	
	MIAMI LAKES, FL 33016		
		City/ State and Zip Cod	e
pedro	lasalde@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LILY CALDERON		305 at (825-1123
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of



2019 AUG 27 AM 8: 20

LASALDE RIVERA GROUP, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P1900000207
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:
(City) (Zip Code)
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.
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.

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)	<u>Title</u>	<u>Name</u>	Address
l) Change	D	LASALDE, SONIA	1850 NW 78TH AVE.
Add			PEMBROKE PINE, FL 33024
X Remove			
2) Change	D	RIVERA, SONIA L.	1850 NW 78TH AVE.
X Add			PEMBROKE PINE, FL 33024
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Кетюче			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u> </u>	
If an amandment provides for an eve	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption:, if other than
late this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this locument's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
•	(voting group)
☐ The amendment(s) was/were a action was not required.	adopted 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
08/02/20)19
Dated	
Signature X	P
Signature (Bv	a director, president or other officer - if directors or officers have not been
sele	cted, by an incorporator - if in the hands of a receiver, trustee, or other court
арро	ointed fiduciary by that fiduciary)
	PEDRO LASALDE
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)