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Certified Copies	Certificates	s of Status
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JUN 2 6 2019

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LOMA NEGRA CORP DOCUMENT NUMBER: P19000004115 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JACK ROJAS Name of Contact Person JACK ROJAS Firm/ Company 645 W HALLANDALE BEACH BLVD 103 Address HALLANDALE BEACH, FL 33009 City/ State and Zip Code rojas@realtymiamigroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 755-2905

Area Code & Daytime Telephone Number JACK ROJAS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & **□\$**43.75 Filing Fee & ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LOMA NEGRA CORP		
(Name of Corporation as currently fi	ed with the Florida Dept. of State)	
P19000004115		
(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the following am	nendment(s) to
A. If amending name, enter the new name of the corporation:		
		e new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.2"	". A projessional corporation name musi com	viation ain the
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 new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street)	s in Florida, enter the name of the	
New Registered Office Address:	, Florida	
(C	ity) (Zip Cod	(e)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.	

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	s	SCHANTL, GUSTAVO A	8004 NW 154 STREET
Add			SUITE 117
Remove			MIAMI LAKES, FL 33016
	P	JACK ROJAS	645 W HALLANDALE BEACH
2) Change X			BOULEVARD, SUITE 103
Add			HALLANDALE BEACH,
Remove			FL 33009
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange provisions for implementing the amendme (if not applicable, indicate N/A)					
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provisions for implementing the amendme	reclassification or o	concellatio	on of issued s	shares.	
(if not applicable, indicate NA)	t if not contained in	n the amer	ndment itself	<u>:</u>	
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The date of each amendment(s) adoption date this document was signed.	, if other than the
-	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block d document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
☐ The amendment(s) was/were approved must be separately provided for each	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
	mendment(s) was/were sufficient for approval
by	(voting group)
	the board of directors without shareholder action and shareholder
action was not required. May 14, 2019 Dated	the incorporators without shareholder action and shareholder
selected by a appointed fic	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court dary by that fiduciary) NTL, LUCAS N
	(Typed or printed name of person signing)
VIC	PRESIDENT
	(Title of person signing)