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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

•

NAME OF CORPOR	ATION: L&L GROUP CO	PRP	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are so	ubmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	DINIZ, ALEXANDRA		
-		Name of Contact Pers	ion
	L&L GROUP CORP		
-		Firm/ Company	
	1825 MAIN STREET		
-		Address	
	WESTON, FL 33326		
-		City/ State and Zip Co	ode
MMA	RTINEZ@TOTALCORPCO	ONSULTANTS.COM	
	E-mail address: (to be u	sed for future annual repo	rt notification)
For further information	concerning this matter, pleas	se call:	
DINIZ, ALEXANDRA		at (643-5953
Name of Contact Person		Area C	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida De	partment of State:
S35 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)
Amer Divis P.O. l	ing Address idment Section ion of Corporations Box 6327 massee, FL 32314	Amer Divis Clifto	t Address Industry Section Industry Section In Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	of				
L&L GROUP CORP					
	of Corporation as currently	y filed with the Florida Dept. of State)			
P19000005471					
	(Document Number of	Corporation (if known)		_	
Pursuant to the provisions of section 607 ts Articles of Incorporation:	7.1006, Florida Statutes, this I	Florida Profit Corporation adopts the fo	ollowing a	mendm	ent(s)
A. If amending name, enter the new n	name of the corporation:				
				ie nen	
name must he distinguishable and con "Corp.," "Inc.," or Co.," or the desig vord "chartered," "professional associa	nation "Corp," "Inc," or "(n." "company," or "incorporated" or "o". A professional corporation name ^p .A."	the abbr must con	eviation tain the	<i>ī</i> ,
3. Enter new principal office address.	, if applicable:	455 NE 39th St. Suite 112			
Principal office address <u>MUST BE A S</u>		Miami, FL 33137			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		455 NE 39th St. Suite 112			
A STATE OF THE BOX		Miami, FL 33137	<u> </u>	(0)	
			5.	<u> </u>	-:1
). If amending the registered agent ai	rd/or registered office add-	no in Florida and all Cul	NIASSLE, FLORDA	. 2	1
new registered agent and/or the ne	w registered office address:	ess in Florida, enter the name of the		D.	J)
Name of New Registered Agent	DINIZ, ALEXANDRA		[6X	P 0.9	
name of her Registered Agent	455 NIC 2011 C. O			Ę	
	455 NE 39th St. Suite 112				
	#55 NE 39th St. Suite 112 (Florida street)	21 address)		ري	
<u>New Registered Office Address:</u>		,	137		

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 <math>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	PT	John D	<u>oe</u>		
\underline{X} Remove	<u>v</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally S	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change					<u> </u>
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change			-		
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

Attach additional sheets, if necessary).	cles, enter change(s) her (Be specific)	_		
				 .
				
 				
				
f an amendment provides for an exclusions for implementing the ame	ange, reclassification, or	r cancellation of issue	ed shares,	
(if not applicable, indicate N'A)	<u>noment ir not contained</u>	in the amenament its	<u>sett:</u>	
	_			
			<u> </u>	

	09/27/2019	
The date of each amendment(s) adoption: date this document was signed.		, if other than the
09/27/2019 Effective date <u>if applicable</u> :		
Effective date it applicable.	tno more than 90 days after amendment file date)
Note: If the date inserted in this block do- document's effective date on the Departmen	es not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the am for approval.	endment(s)
	y the shareholders through voting groups. The followin ting group entitled to vote separately on the amendmen	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and share	holder
09/24/2019 Dated		
Dated		
Signature		
(By a director, p	oresident or other officer – if directors or officers have	not been
	incorporator – if in the hands of a receiver, trustee, or of a receiver, trustee, or of the state of the stat	other court
•	ALEXANDRA	
	(Typed or printed name of person signing)	
Preside	nı	
-	/Title of percon ciuning)	