P19000025402

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MAY 21 0000 T. LEMSEUX

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ME OF CORPORATION:					
	P19000025402 CUMENT NUMBER:					
	Amendment and fee are sub	omitted for filing.				
Please return all correspo	ondence concerning this mat	ter to the following:				
	LORENA CUMARE					
Name of Contact Person						
	L&L AC	COUNTING SERVICES C	CORP			
_						
	Firm/ Company 5987 NW 102ND AVE					
_	Address					
		DORAL, FL 33178				
_	City/ State and Zip Code					
	lorena@	landlaccountingservices.co	om			
	•	ed for future annual report				
	,	•				
For further information of	concerning this matter, pleas	e call:				
LORENA CUMARE		at (⁷⁸⁶	499-9751			
Name of	Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for t	the following amount made p	payable to the Florida Depa	artment 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)			
Mailing Address 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

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FILED

to

	[] (O)2 COF	ar .	1.5		مسة	
(Name of Corpo	ration as currently fil	ed with the Flori	da Dept. of St	ate)		
-	P190000254		2019 KAY 1	0	A 3:	: 33
(Do	ocument Number of Co	rporation (if know	vn)		E (] 	HT.
Pursuant to the provisions of section 607,1006, Florts Articles of Incorporation:	orida Statutes, this <i>Flor</i>	ridu Profit Corpo	ration allopis (he fol	lowin	g amendment(s
A. If amending name, enter the new name of th	ne corporation:					
		. <u> </u>		_		_The new
name must be distinguishable and contain the 'Corp.," "Inc.," or Co.," or the designation "Covord"chartered," "professional association." or	Corp, " "Inc," or "Co"	'. A professionai	"incorporated corporation	" or iame	the a must	hbreviation contain the
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>	able: ADDRESS)					
	•		<u> </u>		-	
	-					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)					
	-			_		
				_	_	
D. If amending the registered agent and/or reg new registered agent and/or the new register	gistered office address ered office address:	in Florida, ente	r the name of	<u>the</u>		
Name of New Registered Agent				_		_
				_	_	_
	(Florida street	address)				
New Registered Office Address:			, Floi	ida		
	(Ci	iy)			(Zip	Code)
New Registered Agent's Signature, if changing	Registered Agent:					
Hereby accept the appointment as registered ag	ent. I am familiar witi	i and accept the o	obligations of t	he po.	sition.	
	Signature of New Reg	istered Agent, if c	hanging			-
			., .			

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 Doc	
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>	<u>Addres</u> s
1) Change	VP	PETER GALAN	3579 NW 82ND. AVE.DORAL, FL
Add X Remove			
2) Change			
Remove			
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change			
Add			
6) Change			
Add			
Remove			

amending or adding additional Arti	(Be specific)				
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	_	-			
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_					
					
		-			
				<u> </u>	_
f an amendment provides for an exc	hange, reclassifica	tion, or cancella	ion of issued sh	ares,	
provisions for implementing the ame	<u>:ndment if not_con</u>	tained in the am	endment itself:		
(if not applicable, indicate N/A)					
					_
					-

• ` '	05/01/2019	ic at a stress de
The date of each amendment(s) addate this document was signed.		, if other than the
	05/01/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing repartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONF</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast ifficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. 7 each voting group entitled to vote separately on the	The following statement e amendment(s):
	for the amendment(s) was/were sufficient for approx	val
by	(voting group)	<u>_</u> ."
-	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action	n and shareholder
DatedSignature	05/01/2019 - h Csaff.	
(By a c	director, president or other officer – if directors or of ed, by an incorporator – if in the hands of a receiver, need fiduciary by that fiduciary)	fficers have not been trustee, or other court
	ELI GAMPEL	
	(Typed or printed name of person signing	ng)
	PRESIDENT	
	(Title of person signing)	