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JAN O 3 2023 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LIZCANODUQU	E INVESTMENT CORP.	<u> </u>
DOCUMENT NUM	D100000202		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
•	Ilcana Noa		
		Name of Contact Perso	n
	Concorde Land Title Service	s Inc.	
		Firm/ Company	······························
	134 South Dixie Highway, S	uite 100	
		Address	
	Hallandale Beach, FL 33009		
		City/ State and Zip Cod	e
inas/	Dconcordelts.com		
	=	sed for future annual report	notification)
	D-man address: (10 00 di	sed for future annual report	notificationy
For further informatio	n concerning this matter, pleas	se call:	
Ileana Noa		at (356-8403
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

19 NOV 25 M 9: 20

Articles of Amendment to Articles of Incorporation of

LIZCANODUQUE INVESTMENT CORP.

(Name of C			
	orporation as currently	y filed with the Florida Dept. of State)	
9000029393			
	(Document Number of	Corporation (if known)	
suant to the provisions of section 607.1006 Articles of Incorporation:	6, Florida Statutes, this I	Florida Profit Corporation adopts the following am	nendme
If amending name, enter the new name	of the corporation:		
		The	e new
ne must be distinguishable and contain orp.," "Inc.," or Co.," or the designation d "chartered," "professional association,	n "Corp," "Inc," or "C	n," "company," or "incorporated" or the abbre Co". A professional corporation name must cont P.A."	viation ain the
Enter new principal office address, if a incipal office address <u>MUST BE A STRE</u>			
Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF			
If amending the registered agent and/or	r registered office addr	ess in Florida, enter the name of the	
new registered agent and/or the new re			
Name of New Registered Agent			
	(Florida stre	cel address)	
	•		
New Registered Office Address:	,	`, Florida	

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 D	<u>oe</u>		
X Remove	Y	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	_	Cristhian Omar Lizcano Ortiz	7701 NW 15th St. CO286943	
Add				Miami, FL 33106	
X Remove					
2) Change					
Add				 	
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change				-	
Add					
Remove				 	
6) Change		_			
Add					
Remove					

amending or adding additional Art tach additional sheets, if necessary).	(Be specific)			
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				_
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	· -			
				
-				
				
				
				,
				
				·
				
on amendment provides for an exch	ange, reclassificat	tion, or cancellation	n of issued shares	
rovisions for implementing the ame	ndment if not con	tained in the amen	dment itself:	
(if not applicable, indicate N/A)				
		<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
····	·	- · ·-		
				
		 		
	<u></u>	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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	D	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
November		
Dated	drianquove torra	
(By # d	rector, president or other officer - if directors or officers have not been by an incorporate. If in the hands of a receiver, trustee, or other court	
selecte appoin	d by an incorporate. If in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Adriana Maria Duque Parra	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	