# P19000 052 930

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11/18/19--01925--012 \*\*35.00

Amend

DEC 1 2 2019 1 ALBRITTON

### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION:	LULUFAST INC	
DOCUMENT NUMBE	R:	P19000032930	
The enclosed Articles of	Amendment and fee are so	ibmitted for filing.	
Please return all correspo	ondence concerning this ma	atter to the following:	
		LINA PENA	
_	-	Name of Contact Person	n
		LULUFAST INC	
_		Firm/ Company	
		3515 SW 39th Blvd Apt 4	D
_		Address	
		GAINESVILLE, FL, 32608	B
		City/ State and Zip Cod	e
		linapena@gmail.com	
	E-mail address: (to be u	sed for future annual report	notification)
For further information c	oncerning this matter, plea	se call:	
LINA PENA		at ( <u>352</u>	2787284
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for the	ne 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Inssee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

#### LULUFAST INC

## (Name of Corporation as currently filed with the Florida Dept. of State) P19000032930

117000032	~
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3515 SW 39th Blvd Apt 4D
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	GAINESVILLE, FL, 32608
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3515 SW 39th Blvd Apt 4D
<del>.</del>	GAINESVILLE, FL, 32608
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent	ress in Florida, enter the name of the
(Florida str	reet address)
New Registered Office Address:	, Florida
	(Car) (Exp Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	

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)

Example:

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.

<u>PT</u>	John Doe	
<u>V</u>	Mike Jones	
<u>SV</u>	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addreş</u> s
P	RIVERA FUNEZ, LUCIANO M	10700 CITY CENTER BLVD 533
		PEMBROKE PINES, FL 33025
VP	WILSON NINO	3515 SW 39th Blvd Apt 4D
		GAINESVILLE, FL, 32608
P	LINA PENA	3515 SW 39th Blvd Apt 4D
		GAINESVILLE, FL, 32608
	SV Title P	V Mike Jones SV Sally Smith Title Name P RIVERA FUNEZ, LUCIANO M  VP WILSON NINO

Attach additional sheets, if necessary).	icles, enter change(s) her (Be specific)	_		
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	<del></del>		<u>,                                      </u>	
	<u></u>		<del></del> .	<del></del> -
	<del></del> .	<u> </u>	<del></del>	-
			<u></u>	
f an amendment provides for an exch	ange, reclassification, or	cancellation of issu	ied shares.	
provisions for implementing the ame	ndment if not contained	in the amendment i	tself:	
(if not applicable, indicate N/A)				
<del></del>		<del></del> .		
			<del></del>	
			<del></del>	

The date of each amendment(s) ac	loption:	, if other than th
date this document was signed.		
Effective date if applicable:	11/12/2019	
<u></u>	(no more than 90 days after amendment file date)	· ·
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dipartment of State's records.	ate will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(	s)
	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
bv	n	
**	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	11/12/2019	
	irector, president or other officer - if directors or officers have not been	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other couled fiduciary by that fiduciary)	rt
	LINA PENA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	