## P19000041346

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•	COVER LETTER						
TO: Amendment Sc Division of Co			-	; ;			
NAME OF CORPO	DRATION: LUISROD INC						
	1BER: P19000041346						
	es of Amendment and fee are sul	omitted for fi	ing.				
Please return all cor	respondence concerning this mat	ter to the foll	owing:				
	LUIS M. RODRIGUEZ						
	Name of Contact Person						
	LUISROD INC						
	Firm/ Company						
	13324 TWIN WOOD LN #19	903					
		A	ldress	<del></del>			
	ORLANDO, FL 32837						
		City/ State	and Zip Cod	c			
	luisrodload@gmail.com						
	E-mail address: (to be us	ed for future	annual report	notification)			
For further informat	ion concerning this matter, pleas	se call:					
Luis Rodriguez		at	786	8281717			
Nam	e of Contact Person	···		de & Daytime Telephone Number			
Enclosed is a check	for the following amount made j	payable to the	: Florida Dep	artment of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 f Certified (Addition enclosed	al copy is	□\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

## Articles of Amendment to Articles of Incorporation of

 $\square$  The amendment(s) is/are being tiled pursuant to s. 607.0120 (11) (e), F.S.

LUISROD INC	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000041346	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	2
	<u> </u>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent thereby accept the appointment as registered agent. Lam familian	
Thereby accept the appointment as registered agent. Tum jamina	Thin and discipline oraginous of the position.
Signature of New	Registered Agent, if changing
Charle if annihable	

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 PT John Doe X Remove V Mike Jones <u>SV</u> $\underline{X}$ Add Sally Smith Type of Action Title Address 5 Name. (Check One) D Jhonathan Machado Escorcia 13348 Twinwood Lan Apt2104 1) \_\_\_\_ Change X \_ Add Orlando, FL 32837 \_\_\_\_ Remove Maria Leonor Rodriguez Sandoval 13324 Twinwood Lan Apt 1903 2) \_\_\_\_ Change Orlando, FL 32837 Add \_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove

	(Be specific)
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f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
f an amendment provides for an exc provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each date this document		loption:	, if other than the
date mis documer	-	0/2021	
Effective date <u>if</u>			<del></del>
		(no more than 90 days after amendment file date)	
		lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Am	endment(s)	( <u>CHECK ONE</u> )	
The amendme action was not	· ·	pted by the incorporators, or board of directors without shareholder a	etion and shareholder
		pted by the shareholders. The number of votes cast for the amendme flicient for approval.	:m(s)
		roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The nu	mber of votes cast (	for the amendment(s) was/were sufficient for approval	
by			
		(voting group)	
	07/26/2021 Dated		
	Signature	rector, president or other officer – if directors or officers have not be	
	selected	rector, president or other officer – if directors or officers have not be i, by an incorporator – if in the hands of a receiver, trustee, or other e ed fiduciary by that fiduciary)	ourt
	-	Luis Manuel Rodriguez  (Typed or printed name of person signing)	
		President	

(Title of person signing)