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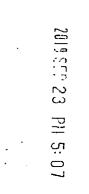
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: LC Mostering Inc. DOCUMENT NUMBER: <u>?19000054027</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Led maintenance a gmail . Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 461-3865

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Section Amendment Section

Opporations Division of Corporat

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Street Address

is enclosed)

Articles of Amendment

to

Articles of Incorporation

| \int_{0}^{0} | |
|---|--|
| (Name of Corporation as earren | 2019 SFF 23 PH 5: 06 tly filed with the Florida Dept. of State) |
| P19000059 | 4027 |
| | of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) t |
| A. If amending name, enter the new name of the corporation: | |
| name must be distinguishable and contain the word "corporati "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: (Principal office address MUST BE A STREET ADDRESS) | N/A |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | u/a |
| D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address | |
| Name of New Registered Agent N/A | |
| (Florida s | street address) |
| New Registered Office Address: 4/A | (City) , Florida (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | nt: |
| 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)

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: <u>X</u> Change | PT J | ohn Doe | |
|-------------------------------|--------------------|----------------------|-----------------------|
| X Remove | <u>V</u> <u>N</u> | <u> Aike Jones</u> | |
| X Add | <u>sv</u> <u>s</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) / Change | | Luis Chavez | 1800 55th Terrace su |
| Add | | | Nages, TL 34116 |
| Remove | | | |
| 2) Change | | Luis Chayez-Hartines | 1800 55th Terrace Sw, |
| ✓ Add | | | Maples, FL 34116 |
| Remove | | | |
| 3) Change | | | |
| Add | | | ··· |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| The date of each amendment(s) adoption: | _, if other than the |
|--|----------------------|
| date this document was signed. | |
| Effective date if applicable: | |
| Effective date <u>if applicable</u> : (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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" (voting group) | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated9/19/19 | |
| 1. | |
| Signature Mur | |
| () a director, president or other officer – if directors or officers have not been | _ |
| Relected, by an incorporator – if in the bands of a receiver, trustee, or other court | |
| appointed fiduciary by that fiduciary | |
| (Typed or printed name of person signing) | |
| | |
| President of LC Plastering Inc. (Title of person signing) | |