8/20/2020

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : 120190000068 .

Phone : (407)326-8484

Fax Number

: (407)604-6519

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Email.	Address:					
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COR AMND/RESTATE/CORRECT OR O/D RESIGN LFM EXPORT CORPORATION

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AUG 2 1 2020

TO: Amendment Section

COVER LETTER

Division of Con					
NAME OF CORPO	RATION: LFM EXPORT CO	RPORATION			
DOCUMENT NUM	IBER: P19000055479				
•	s of Amendment and fee are sul	omitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
•					
	RUBEM SOUZA	· · · · · · · · · · · · · · · · · · ·			
	:	Name of Contact Person			
	MEDLIROS SOUZA CORP		t		
		Firm/ Company	•		
,	845 N GARLAND AVE STE		·		
	*	Address	•		
	ORLANDO FL 32801				
•	• ,	City/ State and Zip Code			
•	aecountant@intedeirossouza.c	om	•		
•	E-mail address: (to be us	ed for future annual report i	oufication)		
•		•	•		
For further informati	ion concerning this matter, pleas	se call:	•		
RUBEM SOUZA		at (407	437 2709 c & Daytime Telephone Number		
Name	e of Contact Person	- Area Cod	le & Daytime Telephone Number		
Hoclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
. M	niling Address		Address		
	mendment Section		ment Section		
	ivision of Corporations O. Box 6327	Division of Corporations The Centre of Tallahussee			
	illahassoc, FL 32314		I. Monroe Street, Suite 810		
.	ary proper some wilder of the property of the		ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

•		ntly filed with the Florida Dept. of State)
	(Document Number	r of Corporation (if known)
ursuant to the provisions of section 607.1 Articles of Incorporation:	006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name	ne of the corporation:	
		The new
me must be distinguishable and contain t hc.," or Co.," or the designation "Co chartered." "professional association," (orp," "Inc." or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word 1,"
Enter new principal office address, li	annlicable:	12706 BIDEFORD AVENUE
rincipal office address MUST BE A ST	REET ADDRESS	WINDERMERE FL 34786
•	•	
Enter new mailing address, if applic (Mailing address MAY BE A POST O	able: FFICE BOX)	12706 BIDEFORD AVENUE
		WINDERMERE FL 34786
•	•	
If amending the registered agent and	l/or registered office at	ddress in Florida, enter the name of the
If amending the registered agent and new registered agent and/or the new	lor registered office ac registered office addr	ddress in Florida, enter the name of the
new registered agent and/or the new	Vor registered office ad registered office addre MEDEIROS SOUZA C	ESA:
Name of New Registered Agent	registered office addre	CORP
Name of New Registered Agent	registered office address MEDEIROS SOUZA C 845 N GARLAND AVE	CORP
new registered agent and/or the new Nume of New Registered Agent	registered office address MEDEIROS SOUZA C 845 N GARLAND AVE	E. SUITE 100 street address)
new registered agent and/or the new Nume of New Registered Agent	registered office address MEDEIROS SOUZA C 845 N GARLAND AVI (Florida	E. SUITE 100 street address;
new registered agent and/or the new Nume of New Registered Agent	registered office address MEDEIROS SOUZA C 845 N GARLAND AVI (Florida	E. SUITE 100 Street address) (City) Florida (24p Cride)
new registered agent and/or the new Nume of New Registered Agent New Registered Office Address:	registered office addrived the second of the	E. SUITE 100 Street address) (City) Florida (Zip Cnde)
Nume of New Registered Agent New Registered Office Address: Week Registered Office Address: ew Registered Agent's Signature, if the	registered office addrived the MEDEIROS SOUZA C 845 N GARLAND AVE (Florida ORLANDO)	E. SUITE 100 Street address) (City) Florida (Alp Code) ST
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Nume of New Registered Agent New Registered Office Address: Week Registered Office Address: ew Registered Agent's Signature, if the	registered office address MEDEIROS SOUZA C 845 N GARLAND AVE (Florida URLANDO) anging Registered Age red agent. I am familie	E. SUITE 100 Street address) (City) Florida (Zip Code) (Signature of the position.

The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (c), F.S. -

Example: X Change

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 carporation, 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.

X Clunge	LI.	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	एत्रोध्य े
1) X Change	}'	FLORES DE MENEZES LUCIANO	12706 BIDEFORD AVENUE
Add			WINDERMERE - FL 34786
Remove			
2) Change	·		
Add			
Remove 3) Change			
Add			***************************************
Remove			-
4) Change		water the second	
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5) Change	· -		
Add	•		
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