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COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: L. Amarda. Inc. DOCUMENT NUMBER: P190000 61367 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Halah Gardens F1, 33018
City/ State and Zip Code Ivia + 2002 Oyahoo com
E-mail address: (to boused for future annual report notification) For further information concerning this matter, please call: at (305) 965 - 7870

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

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

L. AMANDA, INC.	FIED
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 19000061367	219 AUG 15 P 3
(Document Number of	Corporation (11 known)
Pursuant to the provisions of section 607.1006 , Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopathe following afficient
A. If amending name, enter the new name of the corporation:	•
N/14	Thene
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	[50]. A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	
Name of New Registered Agent Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar w	ith and accept the obligations of the position.
NIA	
Signature of New Re	gistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, as 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 = Ch. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:			
X_Change	<u>PT</u> <u>Joh</u>	<u>in Doc</u>	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add	Pr	Luisa A Aragon	8809 NW 115th st Hialah Gordens F1, 33016
Kellove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

gld Director Officer Director: Luisa A. Avagon 309 Nw 115th St Haleah Gordens F1, 33018		lding additional s sheets, if necessar	y). (Be sp					
Officer Director: Luisa A. Avagon 309 Nw 115th st Italian Gardens F1, 33018	<u> </u>)irector		<u>.</u>				
309 NW 115th St Haleah Gardens F1, 33018	Officer	Director	<u> </u>	Luisa	<u>A.</u>	Avag	0.n	
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	<u>yisions for im</u>	aplementing the a		it not contain	ed in the 2	amendment	ilsell:	

The date of each amendment(s) adoption: 8/13/19	, if other than th
date this document was signed.	
Effective date if applicable:	
(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.	Il not be listed as th
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	
hy" (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.	
Dated 8/13/19	
Signature Level A	
(By a director; president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Luisa A. Aragon (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Officer Director	
(Title of person signing)	