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SECRETARY OF STATE
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### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: 19000065115 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Airoso Blvo Address For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee & HHing Pec

Certificate of Status

\$3.75 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

#### Street Address

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

## **Articles of Amendment**

to

# Articles of Incorporation

of

LS X	3 Inc	· •			
(Name of Corpora	ation as currently	filed with the Florida	Dept. of State)		
2191	700065	115			
(Doct	ument Number of (	Corporation (if known)	)		
Pursuant to the provisions of section 607.1006. Flori its Articles of Incorporation:	ida Statutes, this $Fi$	lorida Profit Corporad	tion adopts the follow	ing amend	ment(s) t
A. If amending name, enter the new name of the	corporation:				
				The n	ew
name must be distinguishable and contain the w. "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp," "Inc," or "Co	o". A professional c		abbreviati	ion
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL				<del></del> .	_
					-
					-
C. Enter new mailing address, if applicable:					
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>30X</u> )			<del></del> :	릗
				<u> 53</u>	
				SE	922
				ü	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		ss in Florida, enter th	e name of the	70	1.00 1.47
	. d viiite addites.vi			P.S.	23.55 23.55
Name of New Registered Agent				- 2	2
				_	2
	(Florida stree	t address)			·
New Registered Office Address:			, Florida	ip Code)	_
	į(.	(Hy)	(2)	p (.ode)	
New Registered Agent's Signature, if changing R. I hereby accept the appointment as registered agent.		th and accept the oblig	gations of the position	<i>1</i> .	
Siş	gnature of New Reş	gistered Agent, if chan	ging		

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 D	<u>0e</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Lyneicia S.Adams	1321 SE AirosoBlud
Add Remove			Post St Lucie, FL 34983
2) Change Add	16	Robert K. Adams	1321 SE Airoso BIVOL Port St Lucie, FL 34983
Remove 3) Change Add	<u>CEO</u>	Robert K. Aclams	1321 SE Airoso Bivel Part St. Lucie, FL 34983
Remove  4) Change  Add	CFO	Lyneicia S. Adams	1321 SE Airoso Blud Port St. Lucie, FL34983
Change Add Remove	<u>C00</u>	Franklin K. Adams	1321 SE Alroso Blvd Port St. Lucil, FL34983
6) Change Add Remove			

Attach additional sheets, if necessar	y). (Be specific)	nge(s) here:			
				············	
			<u> </u>	·	
	~ <u>.,</u>				
			<u></u> .		
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If an annual manifes for an a			alian afiannal ab		
If an amendment provides for an e	mendment if not o			<u>a1 e5,</u>	
(if not applicable, indicate N/A					
NA					
— / V / Z					

The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	te will 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Dated 9 18 2019	
Signature  (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 cour	
appointed fiduciary by that fiduciary)	•
Robert K Adams	<del> </del>
(Typed or printed name of person signing)	
CEO	<del></del>
(Title of person signing)	