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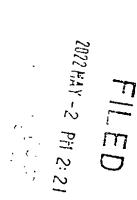
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C. BRUMBLEY JUN 2 3 2022

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: LINCARGA COR	P.			
DOCUMENT NUM	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Isabel Sandoval				
		Name of Contact Person	1		
	Lincarga Corp				
	Firm/ Company				
	16385 Biscayne Blvd., Apt. 2402				
	Address				
	Aventura, Fl. 33160				
	City/ State and Zip Code				
	isandovalespin@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, plea	se cali:			
Isabel Sandoval		at ( 305	680-7004		
Name	of Contact Person	Area Code & Daytime Telephone Numb			
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	☐\$43.75 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, 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

(Name of Corporation as Curren	ntly filed with the Florid	la Dept. of State)		
(Document Number	of Corporation (if know	n)		<del>-</del>
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corpor	ation adopts the following	ng amendn	nent(s) to
A. If amending name, enter the new name of the corporation:				
N/A			The ne	****
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 corpore	rated" or the abbreviat ation name must conta	ion "Corn.	.,
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A			
				,
			2	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	, <u>-</u>	22 KAY	1
		·	. 1	
			PH	П
D. If amending the registered agent and/or registered office ad	dress in Florida, enter	the name of the		D
new registered agent and/or the new registered office addre	ss:		-	٠,
Name of New Registered Agent N/A			_	,,
	treet address)			
New Registered Office Address: N/A	//···	, Florida		
	(City)	(Zip	Code)	
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obl		·	
Signature of New	Registered Agent, if char	Bring	<del></del> -	
organize of new	gareren rigem, ij endi	181118		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	onal sheets, if necessary). (Be specific)	
holesale, Busin	less management, Purchase, Sale and Lease of businesses and Any and Alt i	Lawful Business.
		·
		<u>-</u>
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		· · · · · · · · · · · · · · · · · · ·
If an amendm	nent provides for an exchange, reclassification, or cancellation of issued	shares,
provisions fo	or implementing the amendment if not contained in the amendment itse plicable, indicate N/A)	<u>lf:</u>
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	
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	April 13, 2022		
	ption;		, if other than the
date this document was signed.			
April   Effective date <u>if applicable:</u>	3, 2022		
Effective date i <u>r approcagae</u> .	(no more than 90	days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the application of State's records.	able statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	( <u>CHEÇK ONE</u> )		
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or b	oard of directors without shareholder ac	ction and shareholder
The amendment(s) was/were adopt by the shareholders was/were suff		number of votes cast for the amendmen	u(s)
		ugh voting groups. The following state vote separately on the amendment(s):	ment
"The number of votes cast fo	r the amendment(s) was/wer	e sufficient for approval	
by		11	
v/	(voting group)	·	
April 13, 202	2		
Signature	19		
(By a dire selected,		er – if directors or officers have not bee hands of a receiver, trustee, or other ec	
15	ABEL SANDOVAL		
<del></del> -	(Typed or printed n	name of person signing)	
p	RESIDENT		

(Title of person signing)