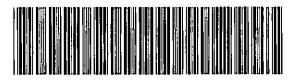
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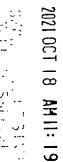
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Office Use Only



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COVER LETTER

Division of Corporations Laisii Inc. NAME OF CORPORATION: _ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kandy Hattab
Name of Contact Person Laisii Inc.
Firm/Company Hancock Bridge Parking Unit C City/ State and Zip Code Kandy . Hattab @ Laisii. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 850 - 0676

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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 Amendment Section

Division of Corporations P.O. Box 6327

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Lais			
•	urrently filed with the Florida	a Dept. of State)	
	0000096026	`	
(Document Nu	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporat	tion adopts the following amer	ndment(s) to
A. If amending name, enter the new name of the corporate	tion:		
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp," "Inc," or "Chartered," "professional association," or the abbreviation	Co". A professional corporal	ated" or the abbreviation "Co	
B. Enter new principal office address, if applicable;			
(Principal office address MUST BE A STREET ADDRESS	()	S 2	
			
			
C. Enter new mailing address, if applicable:		18	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			m
		-	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		he name of the	
Name of New Registered Agent			
(Flo	orida street address)		
New Registered Office Address:		, Florida	•
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	l Anont:		
I hereby accept the appointment as registered agent. I am fa		gations of the position.	
Signature of	f New Registered Agent, if chan	ging	
Check if applicable	- · · ·		
☐ The amendment(s) is/are being filed pursuant to s. 607.012	20 (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)

Example:

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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s 1895
1) Change	P	Randy Hattab	Cont linke
Add		. '	N. Fort Myers
Remove			FL 33903
2) Change			
Add		,	
Remove 3) Change			
Add			<u></u>
Remove		•	·
4) Change			
Add			
Remove			
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Remove			
6) Change	 		
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ataen <i>aaditional sh</i>	eets, if necessary).	icles, enter change (Be specific)				
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an amendment particular in a second particula	rovides for an excl lementing the amo	hange, reclassificate	tion, or cancellati tained in the ame	<u>on of issued sha</u> endment itself:	res,	
(if not applicab	le, indicate N/A)	endment if not con				
	.		<u> </u>			
						
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The date of each amendment(s) addate this document was signed.	doption:	10-12-	- 21	, if other than the
Effective date if applicable:			1-178	<u> </u>
	(r.	10 more than 90 d	ays after amendment	file date)
Note: If the date inserted in this bedocument's effective date on the De			le statutory filing req	uirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHEC</u>	CK ONE)		
The amendment(s) was/were add action was not required.	pted by the inc	orporators, or boa	rd of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were added by the shareholders was/were su			umber of votes cast fo	r the amendment(s)
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendn	nent(s) was/were s	sufficient for approva	ı
by	Randy	Hattab group)		
,	(voting	group)		
Dated)-12-21			
Signature	12/2	114		
(By a di	rector, presider	nt or other officer	- if directors or office	ers have not been
		orator – if in the har that fiduciary)	ands of a receiver, tru	stee, or other court
арұхни	ed riducially by	-		
		Randy Hat	ne of person signing)	<u> </u>
	(Ту	ped or printed nar	ne of person signing)	
		LEO		
	(Tit	le of person signi	ng)	