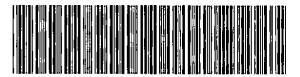
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: L.S SANCHEZ CO	DRPORATION			
DOCUMENT NUM	BER: P21000016146				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Leticia Sanchez				
		Name of Contact Persor	1		
	L.S SANCHEZ CORPORATION				
		Firm/ Company			
	2332 Haley Court				
		Address			
	Kissimmee, FL 34741				
		City/ State and Zip Code			
	letyyruben1972@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
	on concerning this matter, pleas		255 5052		
Leticia Sanchez		at (<u>407</u>	_) 255-5052		
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.C	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

L.S SANCHEZ CORPORATION

(Name of Corporation as currently f	filed with the Florida Dent, of State)	
P21000016146	med min the Financia Dept. or quite,	
(Document Number of C	Corporation (if known)	 _
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	g amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "con". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A publication "professional association," or the abbreviation "P.A."		on "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		203
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
_		න ැ ් දි
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	PH 12: 30
Name of New Registered Agent		_
(Florida street	t address)	-
New Registered Office Address:	, Florida	
(C	(Zip C	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the position.	
		_
Signature of New Reg.	istered Agent, if changing	
Check if applicable ☐ 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, 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office helpersident, 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 Change Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	P	Leticia Sanchez	2332 Haley Court
Add			Kissimmee, FL 34741
Remove			
2) X Change	VP	Ruben Manriquez	2332 Haley Court
Add			Kissimmee, FL 34741
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

(A	mending or adding add ach additional sheets, if i	iecessary). (Re sj	pecific)	_		
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		<u>.</u>				
C 16	n amendment provides	for an orahanaa y	colorsification	r annaellation of i	sound abores	
r. <u>it</u>	covisions for implementi (if not applicable, indic	ing the amendmen	t if not containe	in the amendmen	t itself:	
	(if not applicable, indic	cate N/A)				
						
				-		
			•			

The date of each amendment(s) adoption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholde	action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendres sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following st for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by Leticia Sanchez	•	
o,	(voting group)	
October Dated Signature	Sth. 2021 Lotur Sauchez	
(By selc	a director, president or other officer – if directors or officers have not to cted, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	
	Leticia Sanchez	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	