P21000092168

(Re	questor's Name)				
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(City	y/State/Zip/Phone	e #)			
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(Document Number)					
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF C	ORPORA	tion: La Lajera Cor	P	
		R: P21000092168		
		Amendment and fee are su	bmitted for filing.	
Please return a	ıll correspo	ondence concerning this ma	tter to the following:	
	LI	EIDANYS ALVAREZ		
	_		Name of Contact Perso	n
	L	A LAJERA CORP		
	_		Firm/ Company	<u></u>
	16	5300 SW 216TH ST		
			Address	
	М	IAMI, FL 33170		
			City/ State and Zip Coc	le
	L	EIDANYS23@YAHOO.CO)M	
	_	E-mail address: (to be us	sed for future annual repor	t notification)
For further inf		concerning this matter, pleas		343-6609
		Contact Person	at (786)ode & Daytime Telephone Number
Enclosed is a c		he following amount made		
■ \$35 Filing	g Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Amend Division P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amen Division The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

(8)		
	filed with the Florida Dept. of State)	
221000092168	0.01	
(Document Number of O	Lorporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl is Articles of Incorporation:	lorida Profit Corporation adopts the following amend	iment(s)
A. If amending name, enter the new name of the corporation:		
	_The	new
ame must be distinguishable and contain the word "corporation," "co Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	*	
Lituding dutiess MAT DE A COST (FIFTE DOA)	:	_
		_
		_
 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	
Name of New Registered Agent		
(Florida stree	t address)	
	, Florida	
New Registered Office Address:	(Zip Code)	_

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, 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	$\overline{\mathbf{b}.\mathbf{L}}$	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	JENNIFER ALVAREZ DARTAY	ET 16300 SW 216TH ST
X Add			MIAMI, FL 33170
Remove			
2) Change	<u>S</u>	REINET DEL RISCO	23601 SW 177 AVE
X Add			MIAMI, FL 33031
Remove 3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change		_	
Add			
Remove			

	(Be specific)
• •	
	
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i an amendment brovides for an eych	indice; reconstitution, or cancernation of indice shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
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provisions for implementing the amer	endment if not contained in the amendment itself:

The date of each amendment(s) :	adoption:	11-05-2	4	, if other than the
date this document was signed.	05/2024		·	
Effective date if applicable:			·	
	(no me	ore than 90 days after an	nendment file date)	
Note: If the date inserted in this document's effective date on the D			filing requirements, this d	ate will not be listed as the
Adoption of Amendment(s)	(CHECK O	ONE)		
■ The amendment(s) was/were adaction was not required.	lopted by the inco rp o	rators, or board of direct	ors without shareholder act	ion and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	•		ites cast for the amendment	(s)
☐ The amendment(s) was/were ap must be separately provided for				1ent
"The number of votes cas	t for the amendment(s) was/were sufficient fo	r approval	
by				
	(voting grou	<i>(p)</i>		
11/05/202				
11/05/202 Dated	4			
	Mari			
Signature	Sello_			
(By a c	director, president or	other officer - if director	rs or officers have not been	
	ed, by an incorporato ated fiduciary by that		ceiver, trustee, or other cou	irt
	LEIDANYS ALVA	• .		
	LEIDAN IS ALVA			
	(Typed o	or printed name of person	n signing)	
	PRESIDENT			
	(Title of	person signing)		