## P22000071179

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TALLABASSEE EL



## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: L.G. INTERNATION	AL HOLDINGS, CORP	<del></del>		
DOCUMENT NUN	IBER:				
The enclosed Article	s of Amendment and fee are sub-	mitted for filing.			
Please return all corr	espondence concerning this matt	er to the following:			
	STEFANIE AMENEDO				
		Name of Contact Person			
		Firm/ Company			
	P.O. Box 441707				
		Address			
	Miami Florida 33144				
		City/ State and Zip Code			
	ESTEFITA@AOL.COM				
	_	ed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	se call:			
Stefanie Amenedo		at (305	) 303-0333 de & Daytime Telephone Number	SEC Th	2023
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number		ÀΡ
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	AHA Davi	2023 APR -3
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	CRETAK OF STATE	PH12: 50
Ā D P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

1.G.	INTERNATIONAL	HOLDINGS, C	ORP,

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P22000071179	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
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 "F	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 441707
	Miami Florida 33144
	5EC 7023
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad  Name of New Registered Agent	SECRETALLA FINANCIA STATE OF S
	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
(Flore	(City) (Zip Code
Signature of i	New Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120	0 (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 Doc 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	<u>                                      </u>	John Dae	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P	STEFANIE AMENEDO	P.O. BOX 441707
Add			MIAMI FLORIDA 33144
Remove			
2) Change		<u> </u>	
Add			-410 S
Remove  Change			CHEIDA
Add			AFACS O SEA
Remove			SHE.
4) Change			
Add			<u></u>
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	03/27/2023
The date of each amendment(s) a rate this document was signed.	doption:, if other than t
ffective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
inte: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as t epartment of State's records.
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated	
Signature(By a d	Stefand Omnacls  lirector, president of other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Statavia Amereca
	(Typed or printed name of person signing)

2023 APR -3 PM 12: 51 SECRETAKY OF STATE TALLAHASSEE, FL