P23 000021117

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:
        Division of Corporations
        Fax Number     : (850)617-6380

From:
        Account Name   : ARIMIR SERVICES GROUP LLC
        Account Number : I20200000022
        Phone          : (305)298-6579
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```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _lazman23@gmail.com_

COR AMND/RESTATE/CORRECT OR O/D RESIGN
LAZMAN III ENTERPRISES INC

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July 18, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZMAN III ENTERPRISES INC
7040 NW 174TH TERRACE APT 103
HIALEAH, FL 33015US

SUBJECT: LAZMAN III ENTERPRISES INC
REF: P23000021117

We received your electronically transmitted document. However, the
document has not been filed. Please make the following corrections and
refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for
electronic filing. Please do not attempt to refax this document until the
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call (850) 245-6050.

Tammi Cline   FAX Aud. #: H23000251355
Regulatory Specialist II Supervisor   Letter Number: 623A00016019

Articles of Amendment
to
Articles of Incorporation
of

LAZMAN III ENTERPRISES INC
_____
(Name of Corporation as currently filed with the Florida Dept. of State)

P23000021117
_____
(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new*
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.." "Inc.." or Co.." or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1650 N UNIVERSITY DR

PEMBROKE PINES, FL 33024

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1650 N UNIVERSITY DR

PEMBROKE PINES, FL 33024

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent **Manuel Olivera**

1650 N UNIVERSITY DR
_____
(Florida street address)

New Registered Office Address: PEMBROKE PINES _____, Florida 33024
_____ _____
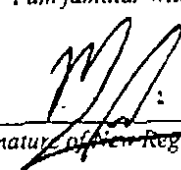*(City)* *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

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

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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	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) X Change ____ Add ____ Remove	PD	MANUEL OLIVERA	1650 N UNIVERSITY DR PEMBROKE PINES, FL 33024
2) X Change ____ Add ____ Remove	VPD	LAZARO OLIVERA	1650 N UNIVERSITY DR PEMBROKE PINES, FL 33024
3) ____ Change ____ Add ____ Remove			
4) ____ Change ____ Add ____ Remove			
5) ____ Change ____ Add ____ Remove			
6) ____ Change ____ Add ____ Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary*).   *(Be specific)*

_____
_____
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(*if not applicable, indicate N/A*)

N/A
_____
_____
_____
_____
_____
_____
_____

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H2 500 0 2 9 1 5 3 3   3

07/18/2023

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date **if applicable**: _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)   **(CHECK ONE)**

☑ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

    "The number of votes cast for the amendment(s) was/were sufficient for approval

    by _____ "
                          (voting group)

07/18/2023
Dated _____

Signature _____
    (By a director, president or other officer – if directors or officers have not been
    selected, by an incorporator – if in the hands of a receiver, trustee, or other court
    appointed fiduciary by that fiduciary)

    MANUEL OLIVERA
    _____
    (Typed or printed name of person signing)

    PRESIDENT
    _____
    (Title of person signing)