

P96000009316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

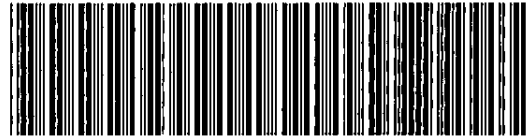
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

10 DEC 12 PM 3:00

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*Amend
Lewis
12-13-11*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIANA CORPORATION

DOCUMENT NUMBER: P96000009316

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEON BALZA

Name of Contact Person

L & N GENERAL FILING SERVICES INC

Firm/ Company

8181 NW 36TH STREET STE 20 E-F

Address

DORAL, FL 33166

City/ State and Zip Code

LNGRALFILING@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEON

Name of Contact Person

at (786)

235-0909

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 12 AM 8: 01

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2011

LEON BALZA
L & N GENERAL FILING SERVICES INC
8181 NW 36TH STREET, STE 20E-F
DORAL, FL 33166

SUBJECT: LIANA CORPORATION
Ref. Number: P96000009316

We have received your document for LIANA CORPORATION, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor Letter Number: 411A00021169

RECEIVED

11 DEC 12 PM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
11 DEC 12 PM 2:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIANA CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

P96000009316

(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**)

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

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: _____

New Registered Office Address: _____ (Florida street address)

_____, Florida
(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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>SEC</u>	<u>ENRIQUE FAJARDO</u>	<u>649 W OAKLAND PARK BLVD</u> <u>APT 217-A</u> <u>FT LAUDERDALE FL 33311</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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)

ADOPTED AMENDMENT TO ARTICLE III CAPITAL STOCK, MR. SANTIAGO

FAJARDO WILL BE THE OWNER OF THE 100 % SHARES

The date of each amendment(s) adoption: 09/05/2011
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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

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):*

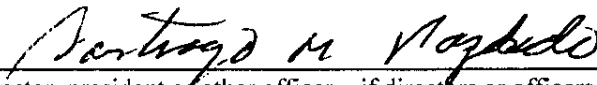
“The number of votes cast for the amendment(s) was/were sufficient for approval

by _____.”
(voting group)

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

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 09/05/2011

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)

SANTIAGO FAJARDO
(Typed or printed name of person signing)

PRESIDENT/DIRECTOR
(Title of person signing)