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(Requestor's Name) (Address) (Address)	600307909706 01/29/1801020005 **35.00
(City/State/Zip/Phone #)	
Certified Copies Certificates of Status	
Office Use Only	18 JAN 29 PH
	And E R. WHITE JAN 3 0 2018

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COVER LETTER TO: Amendment Section Division of Corporations NAME OF CORPORATION: LISCANO, INC: DOCUMENT NUMBER: 107000035296 DOCUMENT NUMBER: 107000035296 ORLANDO LISCANO Name of Contact Person LISCANO, INC: DIVER LETTER ORLANDO LISCANO LISCANO, INC: Errun/ Company 6949 SW 83 CT Address MIAMI FL 33143 City/ State and Zip Code Ogodsky@bellsouth.net 1 cariza2015@icloud.com Ernul address: (to be used for future annual report outification) For further information concerning this matter, please call: ORLANDO LISCANO Name of Contact Person Area Code & Daytime Telephone Enclosed is a check for the following amount made payable to the Florida Department of Status Certificate of Status Certified Copy (Additional copy is enclosed) S35 Filing Fee Certificate of Status
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Articles of Amendmen to	18 JAN 29 PH 4: 06
Articles of Incorporatio	n
of LISCANO, INC.	ALL AND A
(Name of Corporation as currently filed with	h the Florida Dept. of State)
P97000035296	
(Document Number of Corporat	on (if known)
Pursuant to the provisions of section 607.4006, Florida Statutes, this <i>Florida Pu</i> its Articles of Incorporation:	<i>afit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A p word "chartered," "professional association," or the abbreviation "P.A."	The new any," or "incorporated" or the abbreviation refessional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal c)fice address <u>MUST BE A STREET ADDRESS</u>)	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address in Flo new registered agent and/or the new registered office address;	rida, <u>enter the name of the</u>
Name of New Registered Agent	
(Florida street address	
<u>New Registered C₄lice Address:(City)</u>	, Florida (Zip Code)
<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and a	eccpt the obligations of the position.
Signature of New Registered	Agent, J changing
Page 1 of 4	

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, *f* necessary)

____ Add

___ Remove

Please note the cifficer/director litle by the first letter of the ciffice litle: -

P · President; V · Vice President; T · Treasurer; S · Secretary; D · Director TR · Trustee; C · Chairman or Clerk; CEO = Chief Executive G_j ficer; CFO = Chief Financial G_j ficer. if an G_j ficer/director holds more than one title, list the first letter of each G_j fice 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 <u>PT</u> John Doe X Remove V Mike Jones <u>X</u> Add SVSally Smith Type of Action Title Address <u>Name</u> (Check One) D OLGA LUCIA LISCANO 6949 SW 83 CT 1) ____ Change MIAMI FL 33143 ____ Add х Remove D CLARA INES ARIZA 6949 SW 83 CT 2) ____ Change MIAMI FL 33143 X ____ Add _____ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add __ Remove 5) ____ Change Add ____ Remove 6) ____ Change

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E. If amending or adding additional Articles, enter change(s) here:	1
(Attach additional sheets, if necessary). (Be specific)	
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· · · · · · · · · · · · · · · · · · ·	
C. K	
F. If an amendment provides for an exchange, reclassification, or cane provisions for implementing the amendment if not contained in the	amendment itself:
(f not applicable, indicate N/A)	

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Page 3 of 4

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	The date of more anonemants indention		, if other than the
	The date of each amendment(s) adoptio date this document was signed.		, if ould that uk
	Effective date <u>if applicable</u> :	(no more than 90 days ofter t	and the description of the descr
	Note: If the date inserted in this block d document's effective date on the Departme		y filing requirements, this date will not be listed as the
	Adoption of Amendment(s)	(CHECK_ONE)	
	The amendment(s) was/were adopted b by the shareholders was/were sufficient		otes cast for the amendment(s)
	The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting <u>a</u> voting group entitled to vote separate	oups. The following statement ey on the amendment(s):
		amendment(s) was/were sufficient f	
	by	(voting group)	
	The amendment(s) was/were adopted b action was not required.		
	The amendment(s) was/were adopted h action was not required.	by the incorporators without sharehol	der action and shareholder
	01/24/2018 Dated		
	Signature	r, president or other officer – if direct	
	selected, by a	in incorporator – if in the hands of a luciary by that fiduciary)	
	ORL/	ANDO LISCANO	
	DIRE	(Typed or printed name of pers	oprigning)
		(Title of person sig	
		Page 4 of 4	
		rage 4 or 4	