P99000078101

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Loli Consulting Inc. DOCUMENT NUMBER: P99000078101 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Liliana Estefan Name of Contact Person Firm/ Company 7677 SW 79 Court Address Miami, FL 33143 City/ State and Zip Code lili@liliestefan.com E-mail address: (to be used for future annual report notification)[For further information concerning this matter, please call: at (305 Sp8-5454 Area Code & Daytime Telephone Number Maria Aragon Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

FILED

Loli Consulting Inc.	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P99000078101	2819 总场 - 5
·	umber of Corporation (if known) SECRETARY
Pursuant to the provisions of section 607.1006, Florida Statu its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corpora	tion:
	The new
name must be distinguishable and contain the word "con". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inword "chartered," "professional association," or the abbrevable. B. Enter new principal office address, if applicable:	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
(Principal office address MUST BE A STREET ADDRESS	D)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent	
(Fi	lorida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	amiliar with and accept the ob ligat ions of the position.
Signature o	of New Registered Agent, if ch <mark>ang</mark> ing

P = President; V = Vice to Executive Officer; CFO : held. President, Treasured Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove,	rector title President = Chief I r, Directo in the fol ves the co	e by the first letter of the office title: ; T= Treasurer: S= Secretary: D= Director; TR= Trustinancial Officer. If an officer/director holds more the or would be PTD. Howing manner. Currently John Doe is listed as the P. orporation, Sally Smith is named the V and S. These shore	an one title, list the first letter of each office
Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Liliana Estefan De Luaces	7101 SW 24 Street
Add			Miami, FL 33155
X Remove			
2) (1	Ď	Liliana Del Carmen Estefan	7101 SW 24 Street
2) Change X		<u> </u>	111 1111 Miami, FL 33155
Add			
Remove			
3) Change			
Add			
Remove			101
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

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:

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
*	
1	
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 itse	<u>lf:</u>
(if not applicable, indicate N/A)	
	1
	<u>. </u>
 	

The date of each amendment(s) adoption:			than the
date this document was signed.			
Effective date <u>if applicable</u> :			
(no mo	ore than 90 days after amendment f	il ėⁱda ie) ì	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's re		irements, this date will not be liste	ed as the
Adoption of Amendment(s) (CHECK O	<u>NE</u>)	·//	
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.		the amendment(s)	
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group en			
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by(voting grou	 p)		
The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder actio	and shareholder	
	other officer – if directors or officer – if in the hards of a receiver, trust	s have not been	
		<u>[</u>]	
	r printed name of person signing)		
Director		1	
	(Title of person signing)	<u> </u>	