

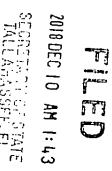
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: THE LOORAW CONSULTING GROUP, INC.
DOCUMENT NUMBER: V68646
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person NET LOORAW CONSULTING GROUP, IDC. Firm/ Company
THE LOORAW CONSULTING GROUP, IDC.
Firm/ Company
38 VIA DEC CORSO
3B VIA DEC CORSO Address PALM BGACH GARNENS, ELORISA 33418 City/ State and Zip Code
E-mail address: (to be used for inture annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (561), 628 - 8503 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & 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

FILED

Articles of Amendment to

Articles of Incorporation of

2018 DEC 10 AM 1:43

to

,	Articles of Incorporation of		SECRETARY OF STATE	
THE LOORAW	CONS	こしてでに	CROSS TE	
(Name of Corporation			da Dept. of State)	
V 6	8646			
(Docum	ent Number of C	Corporation (if know	n)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this FI	orida Profit Corpo	ration adopts the following amendment(s	
A. If amending name, enter the new name of the co	rporation;			
LOORAM E	NTERP	RISES,	INC. The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the designation or the designation of the designatio	d "corporation, " "Inc," or "Co	" "company," or o". A professional A."	"incorporated" or the abbreviation corporation name must contain the	
B. Enter new principal office address, if applicables	<u>:</u>	38	VIA del CORSO GARDENS,	
(Principal office address <u>MUST BE A STREET ADD</u>	PRESS)	PALME	GARDENS.	
		Flo	1218 Risa 33418	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)	38	via del Corso SACHI GARDES, FLORIDA 33418	
	ı	PALM BO	SACH GARDELS	
			FWRISA 33418	
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new		s in Florida, enter	the name of the	
Name of New Registered Agent		-11	\	
	(Florida stree	t address)		
New Registered Office Address:			Florida	
New Registered Office Address.	((ity)	(Zip Code)	
New Registered Agent's Signature, if changing Registered accept the appointment as registered agent.		th and accept the of	olinations of the position	
receive accept the approximent as registered agent.	. wa jammar wii	п ана ислери те от	againsts of the position.	
Signo	ature of New Res	istered Agent, if ch	anging	

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add	-	_		
Remove				
5) Change		-		
Add				
Remove				
6) Change		_		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
	-
	
	
<u>f an amendment provides for an exch</u> provisions for implementing the ame:	nange, reclassification, or cancellation of issued shares. Inducent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adoption: _	JANOARY	1, 2019	if other than th
date this document was signed.)	
Effective date if applicable:	- SQ	WE -	
	(no more than 90 day	s after amendment fü	e date)
Note: If the date inserted in this block does document's effective date on the Department of		statutory filing requi	rements, this date will not be listed as th
Adoption of Amendment(s) (C	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ie shareholders. The num r approval.	ber of votes cast for t	he amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each votin			
"The number of votes east for the am	endment(s) was/were suff	icient for approval	
hy(v		<u> </u>	
(V	oting group)		
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors with	out shareholder action	and shareholder
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without s	hareholder action and	shareholder
Dated_DEC.	6,2018	_	
Signature	6,2018 Mu Rus		
	esident or other officer -		
	corporator – if in the handry by that fiduciary)	ds of a receiver, trust	ee, or other court
Į	1043 J.	LOORA	w
	(Typed or printed name		
	PRESIDO	SHT	
	(Title of per	son signing)	