P12000064842

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23 July 19 AH 9: 45

COVER LETTER

TO: Amendment Section Division of Corporations

LEO PAOLI I NAME OF CORPORATION:	NC.				
P12000064842 DOCUMENT NUMBER:					
,	re submitted for filing				
The enclosed Articles of Amendment and fee a					
Please return all correspondence concerning thi	s matter to the following:				
	Leo Paoli				
	Name of Contact Person				
	Leo Paoli Inc.				
	Firm/ Company 14731 Halter Rd				
	Address				
Wel	llington, FL 33414				
	City/ State and Zip Code				
leop	aoli@gmail.com				
E-mail address: (to	be used for future annual report notification)				
For further information concerning this matter,	please call:				
Leo Paoli	561 573-5436 at ()_				
Name of Contact Person Area Code & Daytime Telephone N					
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Filing Fee Certificate of State					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

LEO PAOLLING.

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

(<u>Name of Corporation as current</u> P12000064842	ly filed with the Florida Dept	. of State)
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation ac	dopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	VA	The new
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 'chartered," "professional association," or the abbreviation "P.A.	A professional corporation n	or the abbreviation "Corp.,"
3. Enter new principal office address, if applicable:	N/A	23
Principal office address MUST BE A STREET ADDRESS)		JUL 19
	74 FB-478 81	-0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	٩
(maning data as says see the see that s		<u>.</u>
		
D. If amending the registered agent and/or registered office add		ne of the
new registered agent and/or the new registered office addres	<u>s:</u>	
Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
	(Ciţi)	(ZIP CARE)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar		s of the position.
Circumstance of Alma	Registered Agent, if changing	
Signature of New 1	registerea Agent, ij 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)

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	Ð	Fabiana Mussio-Paoli	14731 Halter Rd
X Add			Wellington, FL 33414
Remove			
2) Change			
Add			
Remove Change		/	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u>/</u>		
Add			
Remove			

ttach additional sheets. if necessary). (Be specific)	
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)	

•

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing r Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors with	out shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast sufficient for approval.	for the amendment(s)
	pproved by the shareholders through voting groups. 7 or each voting group entitled to vote separately on the	
"The number of votes ca	st for the amendment(s) was/were sufficient for appro-	val .
by		"
	(voting group)	
07/13/2 Dated	3	
Signature		
(By a	director, plesident or other officer - if directors or off	
	ted, by an incorporator – if in the hands of a receiver,	rustee, or other court
арро	inted fiduciary by that fiduciary) Leo Paoli	
	(Typed or printed name of person signin	<u> </u>
	President	
	(Title of person signing)	