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Leffler and Associates 8695 College Pkwy. #214 Fort Myers, FL 33919 Phone: (239) 482-6211 Fax: (239) 482-1215

Memo

To: Whom it May Concern, Amendment Section, Division of Corporations

From: Lynn Leffler, Leffler and Associates

Enclosed please find an amendment to our articles of incorporation. We are trying to satisfy the DBPR. I have also enclosed the letter from the DBPR stating that I need to be show as an officer / manager with your department. Please let me know if I need to provide you with anything else. I can be reached at 239-482-6211.

Thank you

Lynn Leffler Leffler and Associates

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: R, Le	ffler and As	ssociales, Inc
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Lynn (Name	e of Contact Person)	<u> </u>
R. Leffler of	irm/Company)	tes, Inc.
8695 College	Pkwy # 21 (Address)	4
Fort Myers,	FL 33919 State and Zip Code)	<u> </u>
For further information concerning this matter	, please call:	
(Name of Contact Person)	at (239) 483 - 62(/ (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$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 C Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

	R. Leffler and Associates, In
	(Name of corporation as currently filed with the Florida Dept. of State)
-	(Document number of corporation (if known)
	e provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation owing amendment(s) to its Articles of Incorporation:
EW CORPO	DRATE NAME (if changing):
Must contain the A professional co	word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") orporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
	NTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) Title(s) being amended, added or deleted: (BE SPECIFIC)
Lynn	Leffler - officer/manager
Alice	Leffler - resigns as secretary
	<u> </u>
	(Attach additional pages if necessary)
	ent provides for exchange, reclassification, or cancellation of issued shares, provisions ing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A
	<u> </u>

(continued)

The date of each amendment(s) adoption: 4/19/06
Effective date if applicable: 4/19/06
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
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)
(Typed or printed name of person signing)
Officet Manager (Title of person signing)

FILING FEE: \$35