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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN LION TRADING GROUP, INC.

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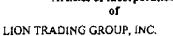


COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: LION TRADING	GROUP, INC.			
DOCUMENT NUMB	ER: P02000086343		·		
	of Amendment and fee are su	ibmitted for filing.			
Please return all corresp	pondence concerning this ma	atter to the following	ng:		
		PREDY LEO	N		
•	Name of Contact Person				
	LION TRADING GROUP, INC.				
-		Firm/ Con	ນວຸຄຸກγ		
	4929 WHITE MANGROVE WAY W				
-		Addres	ss		
	FORT	LAUDERDALE	, FL 333	312	
-		City/ State and	Zip Coo	de	
		-	-		
-		iredyleon@gmail.c			
	E-mail address: (to be us	sed for inthre sund	en sebor	t notification)	
For further information	concerning this matter, pleas	se call;			
FREDY LEON		-+ (954	、907-8544	
Name of	Contact Person	at (Area Co	ode & Daytime Telephone Number	
T1411 1 A	4. 2.0			•	
Enclosed is a check lot	the following amount made	payable to the Flor	ida Dep	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Copy (Additional co enclosed)	у	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Mailing Address Street Address				
Amen	Amendment Section				
Divisi P.O. I		Division of Corporations			
Tailai			Building		
i with	2661 Executive Center Circle Tallahassee, Fl. 32301				

Articles of Amendment to Articles of Incorporation of



ZOI6 JAN 20 AM 8:36 TALLANDESCE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

P020	000086343	
(Docume	ent Number of Corporation (if know	(נוא
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpo	eration adopts the following amendment(s)
A. If amending name, enter the new name of the cor	rporation:	
LION HEAD TECHNOLOGIES, INC.		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "charlered," "professional association," or the a	" "Inc," or "Co". A professional	"incorporated" or the abbreviation to corporation name must contain the
	N/A	
B. Enter new principal office uddress, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)	
· · · · · · · · · · · · · · · · · · ·	* 1 ***	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u>N/A</u>	
	<u></u>	
D. If amending the registered agent and/or registere		the name of the
new registered agent and/or the new registered of	iffice address!	
Name of New Registered Agent N/A	<u> </u>	
···	(Florida street uddress)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		hligations of the position
		Singativities of the positional
Signa	ture of New Registered Agent, if ch	anging

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, 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 stile, 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	PT	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	ones .	
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) X Change	P	•	FREDY LEON	4929 White Mangrove Way W
Add				Fort Lauderdale, FL 33312
Remove				
2) Change		-		
Add				
Remove				
3) Change		_		
Add				
Remove				
4)Change	, 			
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

Page 2 of 4

	N/A
	,
•	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	N/A

Page 3 of 4

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective dute if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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 cust 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.	
Dated Dated	
Dared	
Signature - A - A - A - A - A - A - A - A - A -	••
(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)	
FREDY LEON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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