P08000037284

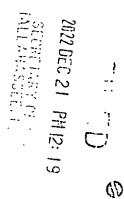
(Re	questor's Name)	•
(Ad	dress)	
(Ad	dress)	 -
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		ORNE
	MAR	- 7 2023

Office Use Only



400399114964

12/21/22--01011--008 **35.00



COVER LETTER

TO: Amendment Section

Division of Corporations

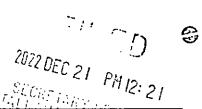
Tallahassee, FL 32314

NAME OF CORPORATION: _____ Lencer Data Assurance Solutions DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PJ Cunningham Name of Contact Person Leneer Data Assurance Solutions Firm/ Company Mailing Address: 1157 Mayo Road Address Mayo, MD 21106 City/ State and Zip Code pj.cunningham@leneer.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PJ Cunningham 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Leneer Data Assurance Solutions

(Name of Corporation	i as currently filed with the Florida Dept. of State
P08000037284	
(Docume)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
N/A	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDR	<u>(ESS</u>)
	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	<u> </u>
). If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	NIA
-	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
St. Desirated Access Circulation (Fabruaries Desirated	should brough
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I detect the appointment as registered agent.	am familiar with and accept the obligations of the position.
Cianna	ure of New Registered Agent, if changing
Mgnan	ше ој меж кедметеа мдет, у спандту

Check if applicable

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

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)

Example:

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>oc</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
I) Change	CIO	_	Evan Lester	•
Add				
X Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

Attach additional she	ng additional Articles, enter change(s) here: vets, if necessary). (Be specific)
	11.
- · ·	N/A
	N H
	l l
·	
	14 C
<u>r an amenoment pr</u> provisions for impl	ovides for an exchange, reclassification, or cancellation of issued shares, ementing the amendment if not contained in the amendment itself:
(if not applicabl	le, indicate N/A)
	11.
	NIA
.	
	· · · · · · · · · · · · · · · · · · ·

.

12/01/2022	
The date of each amendment(s) adoption:	if other than the
date this document was signed.	
12/01/2022	
Effective date if applicable: (no more than 90 days after amendmen	e tite dieni
(no more than 90 days after amename)	i pie aare)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the 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 adopted by the incorporators, or board of directors with action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. T must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approx	al
Leneer Data Assurance Solutions	
py	_ ·"
Signature (By a director, president or other officer – if directors or officered by an incorporator – if in the hands of a receiver of the control of the c	
appointed fiduciary by that fiduciary)	
PJ Cunningham	
(Typed or printed name of person signing	()
Director of Operations	
(Title of person signing)	