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SECRETARY OF STATE

Amend & N.C. C.COULLIETTE

JAN 18 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: LEGILE BUSINESS CENTER INC
DOCUMENT NUMBER: 10000083722
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROCK-ELIE HOMAS Name of Contact Person
LEOTLE BUSINESS Center INC
1020 N. E. 129th Street, Ste #1
North Mia My Fraida 33161 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Name of Contact Person 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:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation					
(Name of Corporation as currently filed with the Florida Dept. of State)					
109000083722					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:					
A. Namending name, enter the new name of the corporation:					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Stuff # 16					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1020 N. F. 129th Street Aboth MiaMi, Fla 3316)					
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:					
Name of New Registered Agent: 1215 N.E. 128th St, APt#07					
New Registered Office Address: (Florida street address) (City) (Zip Code)					
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if 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)

<u>Title</u>	Name O	<u>Address</u>	Type of Action		
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	ding or adding additional Articles,			1	
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F. If 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)					
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Page 2 of 3					

The date of each amendment(s) ad	
Effective date <u>if applicable</u> : (no i	nore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sur	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by(votin	ng group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	08-2011
selected, l	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if iduciary by that fiduciary)
F	CL-ELETHOMAS (Typed or printed name of person signing)
	hairman & C.E.O