P11000031219

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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	-
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COVER LETTER

TO: Amendment Section

Division of Corp	oorations *		
NAME OF CORPO	RATION: Ledzed Into	ernational, Inc.	
DOCUMENT NUM	_{BER:} P1100003121	9	
			
The enclosed Articles	of Amendment and fee are su	ibmined for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Heidi Uuranniem	i	
		Name of Contact Perso	n
	Heidi H. Uuranni	emi, P.A.	
		Firm/ Company	
	7634 NW 6th Ave	Э.	
		Address	
	Boca Raton, FL 3	33487	
		City/ State and Zip Cod	le
hei	idi522@hotmail.co	om	
		sed for future annual report	notification)
	,	·	
For further information	on concerning this matter, pleas	se call:	
Heidi H. Uur	anniemi	_{at (} 561	994-0280
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
\$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)
<u>Ma</u>	iling Address	Street	Address
Am	endment Section	Amend	lment Section
	ision of Corporations . Box 6327		on of Corporations Building
	lahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Ledzed International, Inc.			
(Name of Corporation as currently filed with the	Florida Dept. of State)		
P11000031219	20 F _E		
(Document Number of Corporation ((if known)		
s Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t		
. If amending name, enter the new name of the corporation:			
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
Enter new principal office address, if applicable:	6821 Southport Drive		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Boynton Beach, FL 33472		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6821 Southport Drive		
(Mutting uturess MAT BE A TOST OF TICE BOX)	Boynton Beach, FL 33472		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent			
(Florida si	treet address)		
Now Registered Office Address	Florida		
(City)	, ·, ·, · · · · ·		
New Registered Office Address:	, Florida, Vip Coo		
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)

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
1) × Change Add Remove	P	Helena Lahtinen	6821 Southport Drive Boynton Beach, FL 33472
2) X Change Add Remove	VP	Marko Lahtinen	6821 Southport Drive Boynton Beach, FL 33472
3) Change Add Remove			
4) Change Add Remove		-	
5) Change Add Remove			
6) Change Add Remove		-	<u> </u>

attach additional sheets, if necessary).	(Be specific)			
				
	ange, reclassific:	ation, or cancellat	ion of issued share	es.
f an amendment provides for an exch	anget reclassifier			
provisions for implementing the amer	idment if not co	ntained in the am	endment itself:	
f an amendment provides for an exchiprovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not co	ntained in the amo	endment itself:	
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provisions for implementing the amer	ndment if not co	ntained in the amo	endment itself:	
provisions for implementing the amer	ndment if not co	ntained in the amo	endment itself:	
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not co	ntained in the amo	endment itself:	

The date of each amendment(s)	adoption: 2/15/2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
, ,	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
_{Dated} 2/15/	
Signature 9	teide lui
(By a	director, president or other officer – if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
арро	inted reductary by that reductary)
	Heidi Uuranniemi
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)