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T. LEMEUX



COVER LETTER*

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	OF CORPORATION: Stephanie Leon P.A.			
DOCUMENT NUMBER:	MENT NUMBER: P13000007050			
The enclosed Articles of Amer	ndment and fee are si	ubmitted for filing	3 .	
Please return all correspondent	ce concerning this ma	atter to the follow	ing;	
	5	Stephanie Leor	1	
		Name of Con	tact Perso	n
Stephanie Leon P.A.				
Firm/ Company				
6625 Miami Lakes Dr., Suite 339				
Address				
Miami Lakes, FL 33014				
City/ State and Zip Code				
For further information concern	mail address: (to be used)		шан герогі	notification)
Stephanie L	eon	at (
Name of Contact	ct Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	lowing amount made	payable to the Flo	orida Depa	artment of State:
	43.75 Filing Fee & Certificate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	ру	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ado Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27		Amend Division Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

STEPHANIE LEON P.A

STEITIANTE ELONT.	(),	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P13000007050		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> at the section of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to	
. If amending name, enter the new name of the corporation:		
4111	The new	
ame must be distinguishable and contain the word "corporation," Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coord "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the	
. Enter new principal office address, if applicable:	6625 Miami Lakes Dr.	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 339	
	Miami Lakes, FL 33014	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AIU	
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the name of the	
	-	
(Florida street	address)	
New Registered Office Address:	. Florida	
	ity) (Zip Code)	
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position	

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.

X Change	PT John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change		
Add		
Remove		
2) Change		
Add		/
Remove		/
3) Change		
Add		
Remove		\
4) Change		
Add		
Remove		
5) Change		
Add		J
Remove		
6) Change	/	
Add		
Remove		

Page 2 of 4

If amending or a (Attach <i>additiona</i>	adding additional Articles, enter change(s) here: I sheets, if necessary). (Be specific)
ENGAGE IN	REAL ESTATE SALES, MANAGEMENT, EXECUTIVE SERVICES,
	Y AND ALL LAWFUL BUSINESS.
IIII	TIMO NEE BITTI OF BOOK (BOOK)
· · ·	
· · · · · · · · · · · · · · · · · · ·	
• " .	
·• · · · · · · ·	
If an amendmen	t provides for an exchange, reclassification, or cancellation of issued shares,
provisions for i	mplementing the amendment if not contained in the amendment itself:
	cable, indicate N/A)
	

The date of each amendment(s) adoption:	2-5-18	, if other than the
date this document was signed.	4/25/18	
Effective date <u>if applicable</u> :(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not document's effective date on the Department of Sta		ements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for app		e amendment(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr		
"The number of votes cast for the amendr	nent(s) was/were sufficient for approval	
by(voting	,,,	
(voting	group)	
☐ The amendment(s) was/were adopted by the boaction was not required.	ard of directors without shareholder action	and shareholder
The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action and s	shareholder
Dated 4/25 18		
Signature	Chook anin	
` ,	ent or other officer – if directors or officers of orator – if in the hands of a receiver, trustee	
appointed fiduciary by		e, or other court
	Stephanie Leon	
(Ту	/ped or printed name of person signing)	
	President	
······································	(Title of person signing)	