## P13000042282

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

FEB 12 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Sec Division of Corp			
NAME OF CORPO	RATION: LEONCITO	INC.	
	BER: P1300004228		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	AMADEO MAZZO	OLINI	
		Name of Contact Person	1
	AMADEO A MAZ	ZOLINI PA	
		Firm/ Company	
	2069 NE 163 ST		
		Address	
	MIAMI FLORIDA		
		City/ State and Zip Cod	e
aa	mazzolini@hotma	il.com	
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
AMADEO M	AZZOLINI	at (305	945-3686
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	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)
	iling Address	Street Address	
	endment Section vision of Corporations	Amendment Section Division of Corporations	
P.C	). Box 6327	Clifton Building	
Tal	labassee FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

EONCITO INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	
	1
resuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amerations of Incorporation:	nament(s) to
If amending name, enter the new name of the corporation:	
The	new
ome must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevio Forp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain ord "chartered," "professional association," or the abbreviation "P.A."	
Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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	
Attine of the negative rigen	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
w Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	

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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.

X Change	<u>PT</u>	John Do	<u>ee</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	nith .	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D	_	AMADEO A MAZZOLINI	1849 S. OCEAN DR #214
✓_ Add				HALLANDALE
Remove				FLORIDA 33009
2) Change		_		
Add				
3) Change		<del></del>		***
Add				
Remove				
4) Change		_		
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change			AND COMPANY OF THE CO	
Add				
Ramana				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment	(s) adoption: <u>02/01/2014</u>	, if other than the
date this document was signed.	02/01/2014	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_02/0	01/2014	
Se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	SANTIAGO SALCEDO MOYANO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	_

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA