P13000048507

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4)	Address)	
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(É	Business Entity Name)	<u></u>
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COVER LETTER

Division of Corporations NAME OF CORPORATION: LEE GENERAL RESTORATION, INC. DOCUMENT NUMBER: P13000048507 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **DENIS DUENAS** Name of Contact Person LEE GENERAL RESTORATION, INC. Firm/ Company **13313 FIRST ST** Address FORT MYERS, FL 33905 City/ State and Zip Code TAXSERVICES2010@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **DENIS DUENA** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation FILED

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LEE GENERAL RESTORATION, INC.	2813 JUL 1 1 PM 1:11
(Name of Corporation as currently filed with the P13000048507	Florida Dept. of State) STATE
(Document Number of Corporation ((if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	147.1
D. If amending the registered agent and/or registered office add	drass in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent DENIS DUENA	S
(Florida st	treet address)
New_Registered Office Address: N/A	. Florida
(City,	
N 70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familion	
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 <math>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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	DENIS DUENAS	13313 FIRST ST
Add			FORT MYERS, FL 33905
Remove			
2) Change	-		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Demove			

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The date of each amendment(s)	adoption: 06/25/2013	
Effective date if applicable:	6/25/2013	
<u>n apprende</u>	(no more than 90 da	ys after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were		nber of votes cast for the amendment(s)
☐ The amendment(s) was/were as must be separately provided for	pproved by the shareholders through or each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):
"The number of votes can	st for the amendment(s) was/were suf	fficient for approval
by	(voting group)	.,,
	(voting group)	
The amendment(s) was/were acation was not required.	dopted by the board of directors with	out shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without	shareholder action and shareholder
Dated 06/25	3/2013	
Dated_OO/20	1/1 1/1	_
Ciamatuua	Illenis delluri	_ !ds
Signature (By a	director, president or other officer -	if directors or officers have not been
		nds of a receiver, trustee, or other court
appo	inted fiduciary by that fiduciary)	
	DENIS DUENAS	
	(Typed or printed name	e of person signing)
	PRESIDENT	
	(Title of person sign	vino)