P15000023250

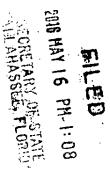
(Req	uestor's Name)			
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COVER LETTER

Division of Corporations						
NAME OF CORPORATION: LEONOVOLO Transport The DOCUMENT NUMBER: P15000023250						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Leonardo A Prison Rangood Inc Firm/ Company His East 60 st Address Address City/ State and Zip Code E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Leonardo A. (Leys 11, 305) 303 1315						
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:						
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)						
Mailing Address Street Address						

Mailing Address

TO: Amendment Section

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

Street Address

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

Articles of Amendment

to

Articles of Incorp	poration
Leonedo trava	bat Ina
(Name of Corporation as currently fi	led with the Florida Dept. of State)
PISODAN	alsa
(Document Number of Co	orporation (if known)
· ·	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the following amendment(s)
its Articles of Incorporation:	·
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 "Co	". A professional corporation name must comain the
word "chartered," "professional association," or the abbreviation "P.z	/ = = =
B. Enter new principal office address, if applicable:	N/A 超三三
(Principal office address MUST BE A STREET ADDRESS)	1 550
'	
	1 32 0
C. Enter new mailing address, if applicable:	NA
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
•	
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:	4 \ / 4
Name of New Registered Agent	<u>10/A</u>
	/
(Florida street	address)
New Registered Office Address:	tv) , Florida
(C)	ή) (Σφ είναι)
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)

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 Do	<u>oc</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>SV</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change	\bigvee	2	Alberto	Espiroz	a 2704 Matin que
Add				V	Chigh Acre,
X_ Remove					FC 33973
2) Change	***				
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			4
Add					
Remove					
6) Change			**************************************		
Add					
Remove					

E. If amending	g or adding additional Art tional sheets, if necessary).	icles, enter chang	<u>ge(s) here</u> :			
(NA					
	<u> </u>					
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F. If an amend provisions	dment provides for an exc for implementing the am	<u>hange, reclassific</u> endment if not co	ation, or cancella ntained in the an	ition of issued <u>sh</u> nendment itself:	ares,	
(if not	applicable, indicate N/A)					
	N/A			1. 202 (See 1) (See 1) (See 1) (See 1)	1. # Mare 11 10 11 11 11 11 11 11 11 11 11 11 11	_
	J					
	111 Martin F (2011)					
				ėtr .		

The date of each amendment(s) adoption	on:5	13	16		, if other than the
date this document was signed.	S	lai	17		
Effective date <u>if applicable</u> :	(no more than	90 days aft	er amendn	ient file date)	- State and the state of the st
Note: If the date inserted in this block of document's effective date on the Departm		icable statı	itory filing	requirements	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adopted by the shareholders was/were sufficient		ie number (of votes car	st for the amer	ndment(s)
☐ The amendment(s) was/were approved must be separately provided for each					
"The number of votes cast for th	e amendment(s) was/we	ere sufficie	nt for appr	oval	
by					
·	(voting group)				
☐ The amendment(s) was/were adopted action was not required.	by the board of director	s without s	hareholder	action and sh	archolder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators wi	thout share	holder acti	on and shareho	older
Dated 5	13/16				
Signature	ul				•
selected, by	r, president or other off an incorporator - if in t duciary by that fiduciary	he hands o			
	(Typed or printed	do	A (leyes	
	()	name of p	erson sign	uiR) (

(Title of person signing)