P15000033983

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	Tion: <u>Len</u>	Group In	IC.	
DOCUMENT NUMBE	^	1500003348		
The enclosed Articles of	Amendment and fee are sub	omitted for filing.		
Please return all correspondence	ondence concerning this mat	ter to the following:		
	C	Name of Contact Perso	nendi.	
-	Len	GOUP THE Firm/Company	·	
_	6815 Biscayne Blvd. suite 103-147. Address			
•••	Miami FL, 33138. City/ State and Zip Code			
	Zengroupine E-mail address: (to be us	ed for future annual report). inotification)	
For further information	concerning this matter, pleas	e call:		
Ca/los Name of	Ota Mendi	at (<u>309</u>	785 · 8118.	
	the following amount made			
\$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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi Clifto	t Address dment Section on of Corporations n Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

	to		20 1
	Articles of Incorpo of	ration	1 8 6 C
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Len	<u> Pronb</u>		
``		d with the Florida Dept. of State	
PI	5000033	983	
	ent Number of Cor		120
	C	u a coc de la	-7
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	. Statutes, this Profi	aa Projit Corporation adopts the	ionowing amendment(s)
·			
A. If amending name, enter the new name of the co	rporation:		
	NIA		The new
name must be distinguishable and contain the word			
"Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the c			ne must contain the
vora enarterea, projessional association, or the t	зоогечаноп г.н.	$\alpha \sqrt{\alpha}$	
B. Enter new principal office address, if applicables		<u> </u>	
Principal office address <u>MUST BE A STREET ADD</u>	RESS)		
	_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Y)	NIA.	
manng dualess man bearing of the box	<u> </u>		
	_		
D. If amending the registered agent and/or register		n Florida, enter the name of the	
new registered agent and/or the new registered of	office address:		
Name of New Registered Agent	N	<u>A.</u>	
	(Florida street aa	ldress)	
New Registered Office Address:	(City)	Florida	(Zip Code)
	(City)	,	(zsp Coae)
No. Desirated Activities Company of the Company of	*-4 1		
New Registered Agent's Signature, if changing Regination of the Agent's Signature, if changing Regination is registered agent.		and accept the obligations of the n	osition.
, , , , , , , , , , , , , , , , , , , ,	<i>y</i>	6	
	NIA	ī	
Signe	ature of New Regist	t ered 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>	Address 5ame
	i) X Change		Zenaida D. Heche varria	6815 Biscoupe Blvd. Suik 103-147 Miani, Fl. 33138.
*	Add Remove	✓✓		
<i>Α</i> Υ	2) Change			
	Add Remove			
	3) Change Add			
	Remove			
	4) Change			
	Add Remove			
	5) Change			
	Add Remove			
	6) Change			
	Add			
	Remove			

	value ace conjectina	
	We are requesting	
	- We are requesting - for the Vice	
	president to be	
	Y. D. MANNAG,	
	- remove	
	- Zenaida D. Oran - zenaida D. Hechevarria	
	 @/_	.
	_	
· 		
isions for implemen	es for an exchange, reclassification, or cancellation of ting the amendment if not contained in the amendment	issued shares, ent itself:
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amendment provide isions for implemen if not applicable, inc	ting the amendment if not contained in the amendmedicate N/A)	issued shares, ent itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8 1 17 Signature &	
(By a director, president or other officer - if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Carlos Otamendi	
(Typed or printed name of person signing)	
ρ	

(Title of person signing)