## P15000034630

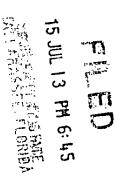
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATE	Leveraxe Inc			17 MH
NAME OF CORPORAT				133
DOCUMENT NUMBER	113000034030	<del></del>		
The enclosed Articles of A	mendment and fee are sub	omitted for filing.		
Please return all correspon	dence concerning this matt	ter to the following:		
Hen	ri Spehar			
		Name of Contact Person	<u> </u>	
The	Spehar Firm P.L.			
		Firm/ Company		
980	North Federal Highway S	te 110		
_		Address		
Вос	a Raton FL 33432			
	,	City/ State and Zip Code		
henri@spa	eharlaw.com			
		ed for future annual report	notification)	
	,	•	,	
For further information cor	acerning this matter, please	e call:		
Henri Spehar		at ( <sup>561</sup>	800-4012	
Name of Co	ontact Person	Area Coo	de & Daytime Telephone Nui	nber
Enclosed is a check for the	following amount made p	ayable to the Florida Depa	rtment 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)	
Amendm Division P.O. Box	Address ent Section of Corporations (6327 see, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

LEVERAXE INC.			
	of Corporation as currently	filed with the Florida Dept. of State)	
P15000034630			03
	(Document Number of	Corporation (if known)	高州の
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the fo	llowing amendment
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional corporation name	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A	
- <del> </del>			
			<u> </u>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
D. If amending the registered agent an			
new registered agent and/or the new	w registered office address:	L	
Name of New Registered Agent	N/A		<del></del>
	(Florida stre	out addrace)	<del></del>
	•	er waress,	
New Registered Office Address:		, Florida	(Zip Code)
	•	(Ciry)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regis			sition.
	A		<del></del>
	Signature of New R	egistered 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	PT John	Doe	
X Remove	V Mike	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	P	Pipsi Hassinen-Stelmakh	411 Walnut Str Ste 7153
Add			Green Cove Springs FL 32043
X Remove			
2) Change	VP	Pipsi Hassinen-Stelmakh	411 Walnut Str Ste 7153
Add			Green Cove Springs FL 32043
X Remove			
3)Change	PVTSD	Hannu Karlsson	Kaislatie 2
X Add			21200 Raisio
Remove			Finland
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		.,	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)		
N/A		
<del></del>		
·		
F. If an amendment provides for an exprovisions for implementing the au (if not applicable, indicate N/A)  N/A	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:	

The date of each amendment(s)	07/01/2015	, if other than the
date this document was signed.	adoption:	, ii other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	oproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
07/01/20	5	
Dated	II. Mary	
Signature (By a	director, president or other officer – if directors or officers have not beer	1
	ted, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	ırt
	Hannu Karlsson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>