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OCT 28 2016

COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: D'Leon Services, Inc. DOCUMENT NUMBER: P16000012560					
DOCUMENT NOMBER					
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this matter to the following:					
Fausto De	Leon Name of Contact Person				
	Firm/ Company				
961 NW Fresco Way #105					
961 NW Fresco Way #105 Address Jensen Beach, FL 34957 City/ State and Zip Code					
dleon services group & Gmail-com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Sandra Alfaro	at (772) 206 - 6699 Area Code & Daytime Telephone Number				
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:					
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing Address	Street Address				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

D'Leon Services, In	
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> ts Articles of Incorporation:	lorida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	N/A
name must be distinguishable and contain the word "corporation." ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Covord "chartered," "professional association," or the abbreviation "Faster new principal office address, if applicable:	o". A professional corporation name must contain the
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
 If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address: 	ss in Florida, enter the name of the
Name of New Registered Agent	NA
(Florida stree	it address)
New Registered Office Address:	. Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered 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.

	e, and Sa	lly 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)	Title	<u>Name</u>	<u>Addres</u> s
Change Add Remove	\checkmark	Angela Pavon	2051 SE Hillmoor Drive, PortSt. Lucie FL 34952
2) Change Add Remove	<u> </u>	Favsto De Leon	961 NW Fresco Way#105 Jensen Beach, Fl 34957
3) Change Add		·	
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	NIA
	<u> </u>
	1
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	<u></u>
	NA
	t

The date of each amendment(s) adoption:	_, if other than the
<u> </u>	
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.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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 east for the amendment(s) was/were sufficient for approval	
by" (voling 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 $10-24-2016$ Signature $24-2016$	
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)	
Fausto De Leon (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	