P16000014499

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEGRETARY OF STATE
ALLAHASSEF, FIGRIDA



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LECE ENTERPRIS	SES, INC.	
DOCUMENT NUMB			
	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	ANDRES LEBRON FRIAS		
-		Name of Contact Perso	n
-		Firm/ Company	
	5764 SHENANDOAH WAY	APT. A	
•	- · · · · · · · · · · · · · · · · · · ·	Address	
	ORLANDO, FL 32807		
		City/ State and Zip Coo	le
	n concerning this matter, pleas		
ANDRES LEBRON FRIAS		at (854-8867
Name o	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	partment of State:
S35 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amer Divis Clifto 2661	t Address Idment Section Idment Sect

Articles of Amendment to Articles of Incorporation of

LECE ENTERPRISES, INC.		
(Name of Cor	poration as currently filed with the Florida Dept. of State)	
P16000014499		
	Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following ame	endment(s) to
A. If amending name, enter the new name of	f the corporation:	
	The	new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	he word "corporation," "company," or "incorporated" or the abbrev. "Corp," "Inc," or "Co". A professional corporation name must contact or the abbreviation "P.A."	iation in the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI) D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the	
Name of New Registered Agent		
	(Florida strect address)	
	, Florida,	
Ten registered office rinaress.	(City) - (Zip Code)	
New Registered Agent's Signature, if change I hereby accept the appointment as registered and the second sec	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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	DULCE MARIA MARTE	5764 SHENANDOAH WAY
Add			APT A
X Remove			ORLANDO, FL 32807
2) Change			
Add	-		-
Remove			
3) Change			
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add	. –		
Remove			
5) Change	-	 	
Ādd		COLUMN TO THE TRANSPORT OF THE TRANSPORT	a production of the second of
Remove			
6) Change			
Add			
Remove			·-

in addition	al sheets, if ne	cessary).	(Be specifi	c)						
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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)	
	(no more than 90 days after amenament 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 date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statemen or each voting group entitled to vote separately on the amendment(s):	t
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
03/22/20	16 _	
Dated		
Signature		
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	ANDRES LEBRON FIRAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	
		- -