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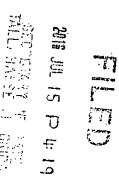
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	LEON TOWING	TRANSPORT AND SERV	ICES, INC	
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	IOSVANY MENDEZ VERA	\		
·		Name of Contact Persor	1	
	LEON TOWING TRANSPO	ORT AND SERVICES, INC		
•	 .	Firm/ Company		
	10001 LELLA AVE	, ,		
•		Address		
	TAMPA, FL 33615			
•		City/ State and Zip Code	e	
elmen	ıdez22@hotmail.com			
		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
iosvany mendez vera		at (<u>813</u>	7356532	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)	
	ling Address	Street Address		
	endment Section sion of Corporations	Amendment Section Division of Corporations		
	Box 6327		Building	
	Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LEON TOWING TRANSPORT AND S	ERVICES, INC			
(Name o	of Corporation as currently	filed with the Florida Dep	t. of State)	
P16000029188				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	dopts the follow	wing amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpor		
B. Enter new principal office address, if applicable:		10001 LELLA AVE		
(Principal office address MUST BE A S		TAMPA, FL 33615		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		SAME AS ABOVE		
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the na	me of the	
Name of New Registered Agent	IOSVANY MENDEZ VER	Α		
	10001 LELLA AVE			
	(Florida stree	et address)		
New Registered Office Address:	TAMPA		, Florida 3361	5
- · · · · · · · · · · · · · · · · · · ·	(1)	City)	(2	Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. \am familiar w	ith and accept the obligation	TEM SOLE ONTO TEM	
	Š		10 TH	

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> <u>Joh</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	FELIBERTO LEON CRESPO	8612 LIMESTONE AVE
Add X Remove			TAMPA, FL 33615
2) Change	P	IOSVANY MENDEZ VERA	- 10001 LELLA AVE
X Add			TAMPA, FL 33615
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding ac (Attach additional sheets,	f necessary). (Be s	pecific)	<u></u> .		
NONE					
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-		***			
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 If an amendment providence provisions for implemental providence providence	<u>es for an exchange, i</u> nting the amendmen	reclassification, or t if not contained	<u>r cancellation of iss</u> in the amendment	sued shares, itself:	
(if not applicable, in	dicate N/A)		an the amenament	TESCHI.	
N/A					
		-			
-					
				_	
					
				<u></u>	

date this document was sig	,,
Effective date if applicab	07/18/2016
<u>перрисав</u>	(no more than 90 days after amendment file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
Adoption of Amendment	(<u>CHECK ONE</u>)
	were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of v	otes cast for the amendment(s) was/were sufficient for approval
by	" (voting group)
	(voting group)
☐ The amendment(s) was action was not required.	were adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was action was not required.	were adopted by the incorporators without shareholder action and shareholder
07 Dated	7/12/2016
Signatur	
Ü	(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)
	FELIBERTO LEON CRESPO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)