PITCCCO36676

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SECRETARY OF SIA!; KLLAHASSEE, FLOT:

2021 SEP -9 AM 5: 47 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: LERICK SERVIC	E CORP	
	MBER: P17000036676		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	LEONARDO CUESTA		
		Name of Contact Person	n
	LERICK SERVICE CORP		
		Firm/ Company	
	15298 SW 104 ST APT 915		
		Address	
	MIAMI, FL 33196		
		City/ State and Zip Cod	e
	leocuesta02@gmail.com		
	E-mail address: (to be u	sed for future annual report	ne tiflication)
For further informat	ion concerning this matter, plea		. 494-9904
Name	e of Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.0	ailing Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED
2021 SEP -9 AM 5: 47
SECRETIANY OF CAME

LERICK SERVICE CORP

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as c	currently filed with the Florida Dept. of State 1/2 SSEE FLOR
P17000036676	The second secon
(Document Nu	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporat	ation:
	The new
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	tition," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word n "P.A."
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>	Σ)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	
). If amending the registered agent and/or registered offi	
new registered agent and/or the new registered office a	address:
Name of New Registered Agent	
	
	lorida street address)
New Registered Office Address:	, Florida
	(z.p coae)
New Registered Agent's Signature, if changing Registered	d Agent:
hereby accept the appointment as registered agent. I am fai	imular with and accept the obligations of the position.
Signature of	f 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:

\underline{X} Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP	_	KENIA MARTINEZ BASAIL	15298 SW 104TH ST
Add				APT 915
X Remove				MIAMI, FL 33196
2) Change				
Add				
Remove 3) Change		_		
Add				-
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6)Change		_		
Add				
Remove				

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
			
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an amendment provides for an excharovisions for implementing the amen (if not applicable, indicate N/A)	inge, reclassification, or can dment if not contained in t	cellation of issued share te amendment itself:	<u></u>
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an amendment provides for an excharovisions for implementing the amen (if not applicable, indicate N/A)	inge, reclassification, or can	cellation of issued share	

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 not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ■ 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 (voting group) Dated_ 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) LEONARDO CUESTA (Typed or printed name of person signing) PRESIDENT

(Title of person signing)