

		·
(Re	questor's Nam	e)
(Ad	dress)	I
(Ad	dress)	<u> </u>
		1
(Cit	y/State/Zip/Ph	one #)
PICK-UP	MAIT	MAIL
(Ru	siness Entity N	lame)
(50	isiness Entity (	varriey
(Do	cument Numb	er)
	,	
Certified Copies	_ Certifica	tes of Status
	i	
Special Instructions to	Filing Officer: (	
•	,	
	1	
	1	
		<del></del>
	Office Use	Only



500306398895

12/08/17--01016--010 \*\*35.00

R. WHITE DEC 1 2 2017 17 DEC -8 AH IO: 50

## **COVER LETTER**

į.

TO: Amendment Sec Division of Corp			
NAME OF CORPO	RATION: LEO SOLUTIONS	S SERVICE INC	
DOCUMENT NUM	BER: P17000052772		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JUAN RAMIREZ		
		Name of Contact Persor	1
	ALLAPATTAH ACCOUNT	ANT CONSULTANTS	
		Firm/ Company	
	2814 N W 17 AVE		
		Address	
	MIAMI FLORIDA 33142		
	<del></del>	City/ State and Zip Code	:
JER.	AMIREZ@BELLSOUTH.NE	1.	
	-	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
JUAN E RAMIREZ		at (	635-3560
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment F F DEC -8 AH IO: 50

LEO SOLUTIONS SERVICE INC		\$1.575 12.57	7 i d
(Name	of Corporation as currently file	ed with the Florida Dept. of S	itate)
P17000052772			
	(Document Number of Cor	rporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flor</i>	ida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co".	. A professional corporation	" or the abbreviation
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S			
	-		
	_		<del> </del>
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST			<del></del>
·			
	_		
	_	<u> </u>	<del></del>
D. If amending the registered agent an		in Florida, enter the name of	<u>the</u>
new registered agent and/or the new	w registered office address:		
Name of New Registered Agent			
	(Florida street a	ddress)	
V n two 1776 and he to		Flor	ida
New Registered Office Address:	City		(Zip Code)
1			
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist	tered agent I am familiar with	and accept the obligations of th	ie position.
	Signature of New Regis	tered Agent, if changing	
<u>,</u>			

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 D	<del>)</del> oe	
X Remove	<u>V</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>imith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	İ	HECTOR JOSE RODRIGUEZ	7905 MIRAMAR PKWY
X Add		•		MIRAMAR FL 33023
Remove				
2) Change	T		BENITO RODRIGUEZ	7905 MIRAMAR PKWY
X Add				MIRAMAR FL 33023
Remove		1		
3) Change				
Add		ı		
Remove				
4) Change				
Add				<u> </u>
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Association and discount of	ding addition	al Articles.	enter changet	s) nere:		
xuaen <i>aaamonal s</i>	sheets, if neces	ssary). (B	e specific)			
		1				
<del></del> -			<del></del>		<u>-</u>	-
<del></del>		<del></del>				
		<del></del> ;		•		
		_!				<del></del>
		_!		<del></del>		
		'				
<del></del>						
					<u> </u>	
<del>-</del>				·		
٠ المراجع الم	provides for	anlexchang	ge, reclassificat	tion, or cancellati	on <u>of issued sha</u>	res,
i an amendment	nplementing t	the ame <u>ndr</u>	nent if not cont	tained in the ame	ndment itself:	
provisions for in		-NZ()				
provisions for in	able, indicate	,				
provisions for in (if not applie	rable, indicate	,				
provisions for in	rable, indicate					
provisions for in	rable, indicate					
provisions for in	able, indicate					
provisions for in	rable, indicate					
provisions for in	rable, indicate					
provisions for in	rable, indicate					
provisions for in	rable, indicate					
provisions for in	rable, indicate					
provisions for in	rable, indicate					
provisions for in	rable, indicate					
provisions for in	rable, indicate					
provisions for in	rable, indicate					
provisions for in	rable, indicate					
provisions for in	rable, indicate					

	12/01/2017		, if other than the
The date of each amendment(s) ad	option:	<u> </u>	, II other than the
late this document was signed.	2/2017		
ffective date if applicable:		1 00 1	T. data
	(no more	e than 90 days after amendment fil	e aare)
Note: If the date inserted in this b' document's effective date on the De	ock does not meet the partment of State's rec	ne applicable statutory filing requierords.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ON</u>	<u>E</u> )	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholde ficient for approval.	ers. The number of votes cast for t	the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the sharehold each voting group ent	ders through voting groups. The fe titled to vote separately on the am	ollowing statement endment(s):
"The number of votes cast	of the amendment(s)	was/were sufficient for approval	
by	(voting group)		
• ——	(voting group)	)	
<ul> <li>The amendment(s) was/were ado action was not required.</li> <li>The amendment(s) was/were ado action was not required.</li> </ul>			
12/01/2017			
DatedSignature V	Leonel Ro	Luguer	
(By a d selecte	irector, president or ot	ther officer – if directors or officer – if in the hands of a receiver, trust	s have not been tee, or other court
	LEONEL RODRIGU	JEZ	
	(Typed or	printed name of person signing)	
	PRESIDENT		
		(Title of person signing)	
	•		