

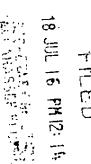
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COVER LETTER

TO: Amendment Section Division of Corpor						
NAME OF CORPORA	ATION: LEOS (WHITE LINE	S, IWC			
NAME OF CORPORATION: LEOS WHITE LINES, TWC DOCUMENT NUMBER: P1800000244						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corresp	ondence concerning this ma	tter to the following:				
_	1	Name of Contact Person				
_	Accounting & fact. Selvices LAC					
	Accounting & Pauf. Selvices Inc Firm/Company Po Box 1130 Address					
_	P 0	Address	<u></u>			
	7)(1	City/ State and Zip Code	34761			
_	000	City/ State and Zip Code	e			
		•				
E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, pleas	se call:				
FRuiz		at (407	,656-3873			
Name of	Contact Person	Area Co	de & 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 & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Maili	ng Address	Street	Address			

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation
i of
LEOS WHITE LINES INC
(Name of Corporation as currently filed with the Florida Dept. of State)
P1800000244
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	ne following amendment(s
A. If amending name, enter the new name of the corporation: DRIAND STIPING C name must be distinguishable and contain the word "corporation" (Corp., "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	on," "company, or "incorporated" "Co". A professional corporation no	The new or the abbreviation ame must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12:14
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		<u>1e</u>
Name of New Registered Agent		
(Florida st	treet address)	
New Registered Office Address:	, Floric	ia
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	(
Type of Action (Check One)	<u>Title</u>	<u>Name</u> <u>Ad</u>	dre <u>s</u> s
1) Change			
Add		/	
Remove		/ —	
2) Change			
Add		/ _	
Remove		/ _	
3) Change			
Adđ		_	
Remove		_	
4) Change			
Add		_	
Remove		_	
5) Change			
Add		_	
Remove		_	
6) Change			
Add		_	
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
	/
	/
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<u> </u>	
	i
an amendment provides for an exch	hange, reclassification, of cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 7-1-2018	, if other than the
date this document was signed.	
Effective date if applicable: 7-1-2018	
(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 document's effective date on the Department of State's records.	e will 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	11
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (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 7-10-2018	
Signature floringa Contelez	
(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)	
FIORINDA GONZALE	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	