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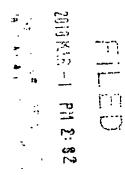
(Requestor's Name)					
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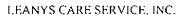
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: LEANYS CARE SI	ERVICE		
DOCUMENT NUMBE	P18000008844			
The enclosed Articles of	Amendment and fee are sub	omitted for filing.		
Please return all correspo	ondence concerning this mat	ter to the following	; :	
	LADIAN	YS EXPOSITO		
		Name of Contac	t Person	n
	LEANYS	CARE SERVICE.	INC.	
_		Firm' Comp	oany	,, <u>, , , , , , , , , , , , , , , , , ,</u>
	6811 SW	129TH AVENUE	APT.#5	
_		Address	,	
	MIAMI,	FLORIDA 33183		
		City/ State and 2	Zip Cod	e e
	leanys10	28@gmail.com		
-	E-mail address: (to be use		l report	notification)
For further information c	concerning this matter, please	e call:		
To tentier information	one of mig this matter, prease	c can.		
LADIANYS EXPOSITO	at (86	663-8769	
Name of	Contact Person	Area Code & Daytime Telephone Nur		
Enclosed is a check for t	he following amount made p	ayable to the Flori	da Depa	artment of State:
□ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	S43.75 Filing (Certified Copy (Additional copenclosed)		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



A CONTRACTOR OF THE PARTY OF TH (Name of Corporation as currently filed with the Florida Dept. of State)

P18000008841

(Document Number of Corporation (if known)

ent(s) to

Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	a Statutes, this Florida Profit Corp	oration adopts the following amendment
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A profession	
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>D.X</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		obligations of the position.
Sion	nature of New Registered Agent, if a	· hansing

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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	p	LADIANYS EXPOSITO	6811 SW 129TH AVENUE
XX Add			APT.#5
Remove			MIAMI, FL 33183
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

	il sheets, if necessary)	. (ве ѕресіліс)				
N/A						
						
				<u> </u>		
	 					
	_		_			
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	- <u>-</u>				-	
						
				<u> </u>		
an amendme	nt provides for an ex	change, reclassi	fication, or can	cellation of issu	ed shares.	
rovisions for	implementing the an	nendment if not	contained in the	e amendment it	self:	
(if not app	licable, indicate N/4)					
N/A						
						

	02/5/2018	
The date of each amendment(s) add	ption:	, if other than th
date this document was signed.		
02/05	(2018	
Effective date <u>if applicable</u> :	(
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blood document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wartment of State's records.	vill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) leient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	ted by the board of directors without shareholder action and shareholder ted by the incorporators without shareholder action and shareholder	
02/05/201	o	
02/05/20 Dated	List.	
selected.	ector, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	LADIANYS EXPOSITO	
-	(Typed or printed name of person signing)	
_	(Title of person signing)	