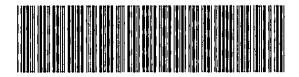
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COVER LETTER

FO: Amendment Section **Division of Corporations**

NAME OF CORPOR	RATION: LEO'S CAR HAUI	LING INC	· · ·		
DOCUMENT NUME					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	JEANFRANCO VILORIA				
	Name of Contact Person				
		Firm/ Company			
	1337 DEW BLOOM RD				
	Address WALDICO, ELOPIDA 22504				
	VALRICO, FLORIDA 33594 City/ State and Zip Code				
		,			
For further information	E-mail address: (to be us	ed for future annual report	notification)		
JEANFRANCO VILO)RIA	at ()		
Name (of Contact Person	Area Co)		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtiment 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, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

1	EO'S	CAR	H Y	111	ING	INC
L,	1.03	C1111	11.73			1111

(Name of Corporation as curre	ently filed with the F	lorida Dept. of State)
P20000068802	-	
(Document Number	er of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, that Articles of Incorporation:	his <i>Florida Profit Co</i>	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	i.	
		The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	A professional co.	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		~
		<u> </u>
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		CO.
[
		
		28
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr Name of New Registered Agent		nter the name of the
(Florida	i street address)	
New Registered Office Address:		. Florida
pen negistered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		e obligations of the position.
Signature of Nev	v Registered Agent, if	changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (e) FS	

i 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)

Example:

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.

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>	Name	<u>Addres</u> s		
1) X Change	Р	JEANFRANCO VILORIA	1337 DEW BLOOM RD		
_ X _ Add			VALRICO, FL 33594		
Remove 2) Change		Vilonia Franco			
Add Remove Change					
Add Remove 4) Change Add					
Remove 5) Change Add					
Remove 6) Change Add Remove					
KCIIIOVC					

Attach addi	z or adding addition tional sheets, if neces,	sary). (Be specific	•)		
icle VII the	President name is JE.	ANFRANCO VILO	RlA		
	-				
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				<u>. – . –</u>	
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	<u>-</u>				
lf an amen	iment provides for a	in evchunge reclas	sification or cane	ellution of issued sha	rec
provisions	for implementing th	ie amendment if no			103
(if not	applicable, i <mark>ndi</mark> cate N	√/. 4)			
,1,					
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	09/21/2020	
The date of each amendment(s) add	ption:	, if other than the
late this document was signed.		
09/21. Effective date <u>if applicable</u> :	2020	
Effective date if applicable.	(no more than 90 days after	amendment file date)
Note: If the date inserted in this blo Jocument's effective date on the Dep		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of dire	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of licient for approval.	votes cast for the amendment(s)
• •	oved by the shareholders through voting ach voting group entitled to vote separat	•
"The number of votes cast for	or the amendment(s) was/were sufficient	for approval
bv		
	(voting group)	
09/2 #2020 Dated		
Dated		
Ci	Confração Vlora	
	ector, president or other officer – if direc	tors or officers have not been
	by an incorporator – if in the hands of a	
	d fiduciary by that fiduciary)	
l	EANFRANCO VILORIA	
-	(Typed or printed name of pers	son signing)
F	RESIDENT	

(Title of person signing)