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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #	7)
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: De Leon Quick Solutions lop DOCUMENT NUMBER: P20000085737
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wuilton De Leon Gonzelez Name of Contact Person De Leon Quick Solutions Comp Firm/ Company 3305 NW 9CT Address Hiami, Fl 33127 City/ State and Zip Code 9002 ales wilton 770 fahod. Comp E-may address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wuilton De Loongongelez at (805), 990-8028 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Street Address

TO: Amendment Section

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incor	poration
De Leon Quick Solut	ions Corp
(Name of Corporation as currently	iled with the Florida Dept. of State)
<u> </u>	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: De Leon Quie Point of quantum must be distinguishable and contain the word "corporation," "an "lnc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A preference," "professional association." or the abbreviation "P.A."	Solutions Cop The new npany, "or "incorporated" or the aboreviation "Corp.," professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	s in Florida, enter the name of the
(Florida street	address)
Name Paristanced CHR as Addresses	Pleatide
New Registered Office Address: (C	ity) (Zip Code)
	·
New Registered Agent's Signature, if changing Registered Agent:	- ·
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg.	istered Agent, if changing

Check if applicable

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

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			1
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach <i>addi</i> i	or adding additional tional sheets, if necessar	v). (Be sp	ecific)			
						
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. If an amend	ment provides for an e for implementing the a	xchange, re	classification,	or cancellatio	of issued sha	ires.
(if not a	pplicable, indicate N/A	menument	ii not contain	<u>ea in the amen</u>	ament itself:	
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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 by	The date of each amendment(s) ado date this document was signed.	ption:	NA		, if other than the
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 by (voting group) 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) Wull How De Lean Bonder (Typed or printed name of person signing)	•	(no more	NA than 90 days after amena	ment file dates	
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· · · · · · · · · · · · · · · · · · ·	Signature (By a direction, F	202	ner officer – if directors or if in the hands of a receive fuciary)	er, trustee, or other court	_
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