P21000046467

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2021 JUN -3 AM 3: 35
SECRETARY OF STATE
TALLAHASSEE, FA

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: LEISTUNG CORPORATION DOCUMENT NUMBER: P21000046467 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL GUYARD Name of Contact Person A.B.S. ASSOCIATES INC Firm/ Company 1897 PALM BEACH LAKES BLVD #219 Address WEST PALM BEACH FL 33409 City/ State and Zip Code A.B.S.ASSOCIATES@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (561) 478-1451 Area Code & Daytime Telephone Number MICHAEL GUYARD Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LEISTUNG CORPORATION		
(Name of Corporation as curr	ently filed with the Flori	da Dept. of State)
P21000046467		
(Document Numb	per of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this <i>Florida Profit Corpor</i>	ration adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
		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 "F	". A professional corpor	orated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		2021 JUN -3 AM SECRETARY OF TALL AHASSE
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent		the name of the
(Floria	la street address)	
Van Braintanad Office (11 hours		D) (1)
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am famil	<u>Rent:</u> iar with and accept the ob	ligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>enes</u>	
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) X Change	P,D		MOHAMMED HANEEF	777 SOUTH FLAGLER DRIVE
Add				SUITE 800 WEST TOWER
Remove				WEST PALM BEACH, FL 33401
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				,
Remove				
6) Change				
Add				
Remove				

	ling additional Artic neets, if necessary),	(Be specific)			
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		-	<u> </u>		
					
-	-				
			.		
			<u> </u>		
<u>in amendment p</u>	rovides for an exch	ange, reclassificati	ion, or cancellation	of issued shares,	
<u>ovisions for imp</u>	lementing the amen	idment if not cont	ained in the ameno	<u>lment itself:</u>	
(if not applicat	ole, indicate N/A)				
			<u> </u>	<u> </u>	
	<u> </u>				-
	<u> </u>		-	_	
					

The date of each amenda date this document was sig	ment(s) adoption:, if other than the gned.
Effective date <u>if applical</u>	
·	(no more than 90 days after amendment file date)
Note: If the date inserted document's effective date	I in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
Adoption of Amendment	t(s) (<u>CHECK ONE</u>)
The amendment(s) was action was not required	were adopted by the incorporators, or board of directors without shareholder action and shareholder.
	were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement wided for each voting group entitled to vote separately on the amendment(s):
"The number of v	otes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
N Dated	1AY 25, 2020
Signatur	PCHAMIED HAVEET (MAY 29, 2023 11 33 GMT - 2)
	(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)
	MOHAMMED HANEEF
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)