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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: THE LION DUCT	WORK AND REPAIR CO	RP			
DOCUMENT NUM	P21000073689					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	DAIVIER R DEL RIO					
	AT	Name of Contact Person	1			
	15520 SW 169 LN	Firm/ Company				
		Address				
	MIAMI,FLORIDA 33187					
		City/ State and Zip Code	e			
	daivier92@icloud .com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, plea	se call:		, ,	2022 JUN 27	
DAIVIER R DEL R	10	at (⁷⁸⁶	238-4939	<u> </u>	<u> </u>	•
Name	of Contact Person	Area Coo	de & Daytime Telephone Nur	nber	27	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	,	777	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	, - - - -	9: 43	
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Contre of Tallahassee N. Monroe Street, Suite 810 Sissee, FL 32303)		

Articles of Amendment to Articles of Incorporation of

THE LION DUCTWORK AND REPAIR					
	of Corporation as currently	filed with the Florida Dept. of State)			
P21000073689					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	lorida Profit Corporation adopts the fo	llowing	amendn	nent(s) to
A. If amending name, enter the new na	ame of the corporation:				
				TL	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Coartered," "professional association."	Corp," "Inc." or "Co". A		reviation		. **
B. Enter new principal office address, (Principal office address MUST BE A S					
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)					
				70	
				-23-	111 (1 24
				<u> </u>	1.
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the		27	- 52 MF - 1 - 13]
	DAIVIER R DEL RIO				, <u></u> ,
Name of New Registered Agent				ڣ	لعقام
	15520 SW 169LN,MIAMI,I		<u>. </u>	မှ	
	(Florida stree	et address)	, .		
New Registered Office Address:		, Florida			•
	(4	Zity)	(Zip Ca	rde)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar wi	th and accept the obligations of the pos	sition.		
	Signature of New Reg	tistered 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)

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	PT	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	RAFAEL DIVIER DEL RIO	15520 SW 169 LN
X Add		_	•	MIAMI,FLORIDA 33187
Remove				
2) Change	VP	_	ADAILE ZAMORA GOMEZ	15520 SW 169LN
X Add				MIAMI,FLORIDA 33187
Remove Change		-		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		(Be specific)	<u>ere</u> :		
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(if not applicable, indicate N/A)	an amendment provides for an exch provisions for implementing the ame	ange, reclassification, on ndment if not contained	or cancellation of issue d in the amendment it	<u>ed shares,</u> self:	
	(if not applicable, indicate N/A)			<u></u>	

	06/21/2022		
The date of each amendment(s) addate this document was signed.	option:		, if other than the
Effective date <u>if applicable</u> :			
	(no more than 90 day:	s after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De		statutory filing requirements, this date w	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board	of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		ber of votes cast for the amendment(s)	
	oved by the shareholders through vach voting group entitled to vote s	voting groups. The following statement separately on the amendment(s):	
"The number of votes east i	or the amendment(s) was/were suf	ficient for approval	
by		, "	
-	(voting group)		
06/21/2022			
Dated	A/	_	
οι.	100/		
selectod	ector, president or other officer – i by an incorporator – if in the hand d fiduciary by that fiduciary)	f directors or officers have not been ds of a receiver, trustee, or other court	
	DAIVIER R DEL RIO		
	(Typed or printed name	of person signing)	
	PRESIDENT		
•	(Title of person signing))	