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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096
Phone : (407)745-1112
For Number : (407)641 8083

Fax Number : (407)641-8083

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN LEGNO ENTERPRISES CORP

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J. HORNE

MAY 10 2022

TO: Amendment Section

From: EXPAT CONSULTING

COVER LETTER

Division of Corporations				
NAME OF CORPORATION: LEGNO ENTERPRISES CORP				
DOCUMENT NUMBER: P22000024095	POCUMENT NUMBER P22000024095			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:			
CRISTIANE OLIVEIRA SI	LVA			
	Name of Contact Person			
CKO CONSULTING AND	TAX SERVICES LLC			
	Firm/ Company			
1821 PLUMAS WAY 32833	24			
	Address			
ORLANDO FL				
	City/ State and Zip Code			
CKOFINALCIALSERVICE	CKOFINALCIALSERVICES@GMAIL.COM			
E-mail address: (to be u	used for future annual report notification)			
For further information concerning this matter, plea	ase call:			
CRISTIANE	at () 2347415			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	e payable to the Florida Department of State:			
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Talinhassec, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation

	Articles of Inc	orporation	JATI 38	202
LEGNO ENTERPRISES CORP			CRE	2 HA
(Name	of Corporation as currently	y filed with the Florida Dept. of State)	5≥	
P22000024095			335	2
	(Document Number of	Corporation (if known)	77	<u> </u>
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this A	Florida Profit Corporation adopts the fo	llowing ame	ည igneut ကြားeut
A. If amending name, enter the new n	ame of the corporation:			
			The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp," "Inc," or "Co". A			
• •		12257 62ND ST ST B		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		LARGO FL 33773		
				
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12257 62ND ST ST B		
		LARGO FL 33773	-	
D. If amending the registered agent ar	nd/or registered office addr	ress in Florida enter the name of the		
new registered agent and/or the ne				
Name of New Registered Agent	LUCCHI VAGO, CLEDSO	NC		
THAT ALTERNATION TO SHARE SHARE SHARE	12257 62ND ST STEB		<u>-</u>	
	(Florida str	ect address)		
New Registered Office Address:	LARO	. Florida	773	
		(City)	(Zip Code)	_
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	tered agent. I am familiar w	with and accept the obligations of the posi	ition.	
-n 1	1	٧ ,		
<u>Cluds</u>	Signature of New Ri	OOO		

Check if applicable

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

To: +18506176380 Page: 3 of 7 2022-05-09 15:51:42 GMT 14076418083 From: EXPAT CONSULTING

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	PΤ	John D	OE.	
	_			
X Remove	<u>v</u>	Mike Jo	ones	
X Add	SY	Sally S	mith	
Type of Action (Check One)	Title		Name	Address
1) X · Change	PS	_	LUCCHI VAGO, CLEDSON	12257 62ND ST STE B
Add				LARGO FL 33773
Remove				
2) Change		_		
Add				
Remove 3) Change				· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Page: 2 of 7

14076418083

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
PS NAME IS MISPELLED, PLEASE FOLLOW THE AMEDNDMENT REQUEST.		
FROM: LUCCHI LUCCHI VAGO, CLEDSON		
TO: LUCCIII VAGO, CLEDSON		
F. If 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)		

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	
0	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not a document's effective date on the Department of Su	neet the applicable statutory filing requirements, this date will not be listed as there's records.
Adoption of Amendment(s) (CHEC	CK ONE)
The amendment(s) was/were adopted by the incaction was not required.	orporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for app	reholders. The number of votes cast for the amendment(s) roval.
	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	nent(s) was/were sufficient for approval
by	group)
(voting	group)
Dated 5 / 6 / 20 2 3	2
	nt or other officer – if dicectors or officers have not been prator – if in the hands of a receiver, trustee, or other court
	Son Lucchi Voo D ped or printed name of person signifig)
7<	
(Ti	le of person signing)