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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LION'S SERVIC	CES CORP	==-				
DOCUMENT NUMB							
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.					
Please return all corres	condence concerning this mat	ter to the following:					
	ARELLANO, OSWILL						
-	Name of Contact Person						
-	Firm/ Company						
	2335 MARINER CT						
	Address						
	FORT LAUDERDALE, FL 3	3312					
-		City/ State and Zip Co	ode				
	servicemgt@2lionsc.com						
-	E-mail address: (to be us	ed for future annual repo	ort notification)				
For further information ARELLANO, OSWIL	concerning this matter, pleas	e call: _954	4838943				
	f Contact Person	at (Code & Daytime Telephone Number				
	the following amount made p		•				
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ame Divis The 2415	et Address Industrial Section Sion of Corporations Centre of Tallahassee S.N. Monroe Street, Suite 810 Shassee, Fl. 32303				

Articles of Amendment to Articles of Incorporation of

WATER GERLINGER CORP.	ently filed with the Florida Dept. of State)
II LION'S SERVICES CORP	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation II LIONS SERVICES CORP	
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 corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
	2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 7 PR 7
	3 } 2 3 P
	<u> </u>
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
new registered agent and/or the new registered office add Name of New Registered Agent N/A	ress:
new registered agent and/or the new registered office add Name of New Registered Agent N/A	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) N/A Change	N/A	N/A	N/A
Add			
Remove 2) N/A Change	N/A	N/A	N/A
Add			
Remove 3) N/A Change	N/A	N/A	N/A
Add			
Remove 4) N/A Change	N/A	N/A	N/A
Add			
Remove 5) N/A Change	N/A	N/A	N/A
Add			
Remove 6) N/A Change	N/A	N/A	N/A
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
	
	
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-	
	ange reclassification on consultation of insurable and
If an amendment provides for an exch	ange, recrassification, or cancellation of issued snares,
provisions for implementing the amer	idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued snares, indment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued snares, indment if not contained in the amendment itself;
If an amendment provides for an exchiprovisions for implementing the americal (if not applicable, indicate N/A) /A	ange, reclassification, or cancellation of issued snares, indment if not contained in the amendment itself:

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	03/28/2023		
The date of each amendment(s) date this document was signed.			_, if other than the
Effective date <u>if applicable</u> :	3/28/2023		
	(no more than 90	0 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applic Department of State's records.	cable statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or b	poard of directors without shareholder action and	shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The sufficient for approval.	e number of votes cast for the amendment(s)	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders thro or each voting group entitled to v	ough voting groups. The following statement wote separately on the amendment(s):	
	st for the amendment(s) was/wer	re sufficient for approval	
by <u>N/A</u>		<u>,"</u>	
	(voting group)		
03/28/20. Dated	23		
	2nd		
selec	thrector, president or other office ed, by an incorporator – if in the nted fiduciary by that fiduciary)	er – if directors or officers have not been hands of a receiver, trustee, or other court	_
	ARELLANO, OSWILL		
	(Typed or printed n	name of person signing)	
	P		
	(Title of person sign	ning)	