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R. HUNT OS/OS/23

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: LEANING S	SERVICES CORP				
DOCUMENT NUM	BER: P23000007485		<u> </u>			
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	IVAN LASSO GONZALEZ					
	<del></del>	Name of Contact Person	1			
	ILT CLEANING SERVICES CORP					
		Firm/ Company				
	252 SE 33 TERRACE					
		Address				
	HOMESTEAD, FL 33033					
		City/ State and Zip Code	2			
	laporcelanalasso@gmail.con	1				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, plea	se call:				
IVAN LASSO GON	ZALEZ	786	695-1937			
Name	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check to	or the following amount made	payable to the Florida Depa	artment of State:			
□ \$35 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as co	urrently filed with the Florida Dept. of State)
P23000007485	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es. this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporat	ion:
	The new
	ion," "company," or "incorporated" or the abbreviation "Corp.," "o". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Trincipal office address MOST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5
	- C 5 5
	——————————————————————————————————————
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	
Name of New Registered Agent	100 pa yana
(Fle	orida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
	(,
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
петеоу ассертте арронитет аз гедіметей адет. Тат за	mutar with that accept the obligations 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) (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 $\underline{V}$ Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Address <u>Name</u> (Check One) IVAN LASSO GONZALEZ 252 SE 33 TERR 1) \_\_\_\_ Change HOMESTEAD, FL 33033 $\Delta dd$ \_\_\_\_ Remove TERESA GONZALEZ 252 SE 33 TERR 2) Change HOMESTEAD, FL 33033 Add \_ Remove 3 ) \_\_\_\_ Change \_\_\_ Add \_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove

Attach ac	dditional she	ig additional . ets, if necessar	y). (Be spec	ific)	_			
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fan am	endment pro	ovides for an e	xchange, recl	assification, o	r cancellation	of issued shar	es,	
provisio	<u>ons for imple</u>	menting the a	mendment if	not contained	in the amend	ment itself:		
(y n	ю аррисави	e, indicate N/A	)					
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	05/01/2023	
The date of each amendment(s) ad date this document was signed.	option:	if other than the
•	/2023	
	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this bl document's effective date on the Dep		y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of direc	ctors without shareholder action and shareholder
The amendment(s) was/were adopty the shareholders was/were sufficient	oted by the shareholders. The number of vificient for approval.	rotes cast for the amendment(s)
	oved by the shareholders through voting grach voting group entitled to vote separate	
	or the amendment(s) was/were sufficient f	• •
by		. <b>"</b>
	(voting group)	
DatedSignature	In Cl	
(B <b>y</b> a djuselected	ector, president or other officer – if director, by an incorporator – if in the hands of a red fiduciary by that fiduciary)	
	IVAN LASSO GONZALEZ	
-	(Typed or printed name of perso	on signing)
	p	
-	(Title of person signing)	_