

24-Apr-2023 11:11 Fax

4/24/23, 11:02 AM

14075743953

p.1

P23 000013211

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H23000151581 3)))



H230001515813ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : FERNANDEZ LEGAL  
Account Number : I20190000058  
Phone : (407)574-5009  
Fax Number : (407)574-5953

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

Email Address: stleeh01@yahoo.com

2023 APR 24 PM 9:55

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
LEDGERMEDS GLOBAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2023 APR 24 AM 11:23

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000151581 3)))

COVER LETTERTO: Amendment Section  
Division of CorporationsNAME OF CORPORATION: LEDGERMEDS GLOBAL, INC.DOCUMENT NUMBER: P23000013211The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Artze

Name of Contact Person

Fernandez Legal

Firm/ Company

135 W. Central Blvd Suite 300

Address

Orlando, 32801

City/ State and Zip Code

stleeh01@yahoo.com

E-mail address: (to be used for future annual report notification)

2023-24 APR 24 PM 5:55

For further information concerning this matter, please call:

Leslie Artzeat ( 407 )5745009

Name of Contact Person

Area Code &amp; Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee☐ \$43.75 Filing Fee &  
Certificate of Status☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)Mailing AddressAmendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street AddressAmendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

(((H23000151581 3)))

(((H23000151581 3)))

Articles of Amendment  
to  
Articles of Incorporation  
of

LEDGERMEDS GLOBAL, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P23000013211

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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 **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent FERNANDEZ LEGAL

135 W. CENTRAL BLVD. SUITE 300

(Florida street address)

New Registered Office Address: ORLANDO, Florida 32801  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

*Eddie Fernandez*

Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (c), F.S.

(((H23000151581 3)))

(((H23000151581 3)))

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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	D	HYLTON, LEONIE	P.O. BOX 950614
<input type="checkbox"/> Add			LAKE MARY, FL 32795
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(((H23000151581 3)))

**F. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

**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)*

((H23000151581 3)))

(((H23000151581 3)))

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 04/21/2023  
(no more than 90 days after amendment file date)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_  
(voting group)"

04/21/2023  
Dated \_\_\_\_\_

Signature  \_\_\_\_\_  
(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)

HYLTON, LEONIE

\_\_\_\_\_  
(Typed or printed name of person signing)

DIRECTOR

\_\_\_\_\_  
(Title of person signing)

(((H23000151581 3)))