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Division of Corporations	
LEALTO GROUP INC SUBJECT:	Name of Corporation
DOCUMENT NUMBER: P23000076	·
The enclosed Articles of Correction a	
Please return all correspondence conc	eming this matter to the following:
ROBERT COCKBURN WATT	
Name of Contact Person	on .
LEALTO GROUP INC	
Firm/Company	 -
3447 CARAMBOLA CIR S	
Address	
COCONUT CREEK, FL 33066	
City/State and Zip C	ode
LEALTOGROUPINC@GMAIL.COM	
E-mail address: (to be used for future as	nual report notification)
For further information concerning th	is matter, please call:
JESSYCA STEIERT Name of Contact Person	at () Daytime Telephone Number ()
Name of Contact Person	Area Code Daytime receptione (value)
Enclosed is a check for the following	amount:
□ \$35.00 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status
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Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF CORRECTION

For

LEALTO GROUP INC	
Name of Corporation as currently filed with the Florida Dept. of Stat	nc
P23000076934	
Document Number (if known)	_
Pursuant to the provisions of Section 607.0124, Florida Statutes.	
These articles of correction correct ARTICLES OF INCORPORATION ART	ICLE III
These articles of correction correct (Document Type Being Co	prrected)
filed with the Department of State on (File Date of Document)	
(File Date of Document)	······································
Specify the inaccuracy, incorrect statement, or defect:	
EXPORT OF GENERAL PRODUCTS AND WHOLESALE	
EXPORT OF GENERAL PRODUCTS AND WHOLESALE	,
-	
Correct the inaccuracy, incorrect statement, or defect:	45
EXPORT, IMPORT AND NATIONWIDE SALES OF DURABLE GOODS.	SE SE
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	P
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	- IE 3
(Signature of a director, president or other officer - if directors or officers not been selected, by an incorporator - if in the hands of the receiver, tru other court appointed fiduciary, by that fiduciary.)	s have stee, or
out on appoint national state in the state of the state o	
ROBERT COCKBURN WATT	heral representative
(Typed or printed name of person signing)	U (Title of person signing)

Filing Fee: \$35.00