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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: LEO INTERNAT	TONAL SERVICES, INC		
	MBER:			
The enclosed Artic	les of Amendment and fee are s	ubmitted for filing.		
Please return all co	orrespondence concerning this m	atter to the following:		
	ANA MARIA ABERLAEZ			
		Name of Contact Person		
	LEO INTERNATIONAL SERVICES, INC			
		Firm/ Company		
	Firm/ Company 1726 NW 36TH STREET SUITE # 20			
	1720 1777 20 1777 2772	Address		
	MIAMI, FLORIDA 33142	Addiess		
	WITAWIT, PLOKIDA 33142	01 40 101 0		
		City/ State and Zip Code	e -	
	A MDRA70@HOTMAIL.CO	M ANDIOR INF	-O@GIRCLANDIA . COM	
	E-mail address: (to be t	ised for future annual report	notification)	
For further information	ation concerning this matter, plea	ase call:		
ANA MARIA AR	BERLAEZ	361 at (271-5359	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	S43.75 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 Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Amend Division The Co 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment fo Articles of Incorporation of

LEO INTERNATIONAL SERVICES, INC.

(Name e	of Corporation as currently filed	d with the Florida Dept. (of State) 7 PH 12: 18	
P96000060106		1112.18	
	(Document Number of Corp.	ooration (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florid</i>	la Profit Corporation adopts the following amendment(s) 10
A. If amending name, enter the new na	ame of the corporation:		
	"orp," "Inc," or "Co". A profe	Thenew_ my," or "incorporated" or the abbreviation "Corp.," fessional corporation name must contain the word	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new	OFFICE BOX) —— d/or registered office address in	r Florida, enter the name of the	
Name of New Registered Agent			
	1726 NW 36TH STREET SUITE		
	(Florida street add	dress) 33142	
New Registered Office Address:	MIAMI (City)	Florida 33142 (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent:	nd accept the obligations of the position. こ。 仏心人	
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 Doc 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 <u>Doe</u>	
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) Change	pres	MILAGROS SUAREZ	1726 NW 36TH ST SUITE # 20
Add			MIAMI, FLORIDA 33142
x Remove			
2) Change			
Add			
X Remove 3) Change	VP	MELVIN ESPINOSA	MIAMI, FLORIDA 33125
_ X Add			
Remove			
4) Change	PRES	ANA MARIA ARBERLAEZ	1726 NW 36TH ST SUITE #20
Add			MIAMI, FLORIDA 33142
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
DNE	
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>
	
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	<u> </u>

The date of each amendment(s) ac	12/01/2022	i di makama ataun
date this document was signed.	option:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirer partment of State's records.	nents, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
12/01/2022 Dated		
Signature X	un Hana Orbelgicz	
	rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee,	
	ed fiduciary by that fiduciary)	or other court
	ANA MARIA ARBERLAEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)

the

the