# P98000032136

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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# **COVER LETTER**

Division of Corpo	rations		
NAME OF CORPOR	Darm	ocus Towin 132134	5 and Cransport
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	Hubert	a Levera	CX 250
-	Leverocus	Name of Contact Person  OWIO 6  Firm/ Company	and Transport
-	Structs)	OURO, FL	33103
-	0 10 0 0 0 0 0	City/ State and Zip Cod	
	_	•	pamail.com
For further information	concerning this matter, pleas	se call:	
Hubert C	R VIVI VOCL	at ( 727 Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Mailina Addanna		Ctuant	Adduses

### Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314

## Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# **Articles of Amendment**

Artic	to les of Incorporation	The wife of the second
Leverous Ti	owing and tr	ansolutions.
(Name of Corporation as	currently filed with the Florid	a Dept. of State)
pasoo	032136	
(Document N	Number of Corporation (if known	)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this <i>Florida Profit Corpora</i>	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp." "h word "chartered," "professional association," or the abbre	nc," or "Co". A professional c	
B. Enter new principal office address, if applicable:	Hu best	. G Leverock.
(Principal office address MUST BE A STREET ADDRES	(S) 4750 C	75 Street N
	St Pete	H 33708
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		3
	<del></del>	<b>170</b>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		he name of the
Bricia	\ OxProx l	
Name of New Registered Agent	5 Street N S	Flest St. 33708
9(100)	Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registers		in attenue of the monition
I hereby accept the appointment as registered agent. I am	затиаг wun апа ассері те оон	gations of the position.
Bum Holos	£	
	of New Registered Agent, if char	

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	PT John I	Dac	
X Remove	V Mike	lones	
<u>X</u> Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	T	Niwle Leverock	479095 Street N StPete Fl. 33708
Add			Stretch 35100
Remove	,		
2) Change Add	<u> </u>	Brian Lwerock	4750 95 Street 1
			01 12010 10 33102
Remove			
3) Change Add	· · · · · · · · · · · · · · · · · · ·		
Remove			
4) Change	<del></del>		<del></del>
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

thach duamonal sheets, if hecessary)	rticles, enter change ). (Be specific)			
	<del></del>			
/X				
6,				
				, , ,
<del> ,</del>				
		****		
an amendment provides for an ex-	change, reclassifica	tion, or cancellation	of issued shares,	
provisions for implementing the an	nendment if not con	tained in the amend	dment itself:	
(if not applicable, indicate N/A)				
N /				
, X				
$\rho_{K}$				
- Ax				
- Ax				

The date of each amendment date this document was signed.				, i	f other than the
Effective date <u>if applicable</u> :	Murch	22	2018		
Effective date it application.			0 days after amend	lment file date)	
Note: If the date inserted in the document's effective date on the			cable statutory filin	ng requirements, this date will not	be listed as the
Adoption of Amendment(s)	( <u>CHEC</u> k	(ONE)			
☐ The amendment(s) was/wer by the shareholders was/we			e number of votes o	east for the amendment(s)	
☐ The amendment(s) was/wer must be separately provide					
"The number of votes	cast for the amendme	nt(s) was/wer	re sufficient for app	proval	
by	(voting g			·,	
	(voting g	group)			
☐ The amendment(s) was/wer action was not required.	e adopted by the board	d of directors	without sharehold	er action and shareholder	
The amendment(s) was/wer action was not required.		-		tion and shareholder	
Dated M.	urch 22	2018			
Signatur	aven 22				
se se	y a director, president	ator – if in the	e hands of a receiv	r officers have not been er, trustee, or other court	
			name of person sig		
	١	Presi d	ent		

(Title of person signing)