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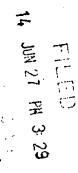
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DLEON STORES. P9900006878	ORE INC				
	of Amendment and fee are sub					
Please return all corres	spondence concerning this mat	ter to the following:				
	ANA L PEREZ					
		Name of Contact Person				
	Firm/ Company					
9898 NW 26 ST						
		Address				
	DORAL, FL 33172	2				
	<u></u>	City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
A N I	ADAAAA @VALIOO					
AN	AP4441@YAHOC		WE i			
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
ANA L PEREZ		at (305	773-3046			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or 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)			
Am Div P.C	iling Address endment Section vision of Corporations D. Box 6327	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DLEON STORESING.			
(Name of Corporation as currently filed with the Flor	rida Dept. of State)		
P9900068789			
(Document Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistical Articles of Incorporation:</i>	orida Profit Corporation adopts the follo	owing amendment(s)) to
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name m	ie abbreviation iust contain the	
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			Į.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-	
			4
	· · · · · · · · · · · · · · · · · · ·	27	
	1,11	 = 0	
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the	ယ္	
new registered agent and/or the new registered office address:	<u>, </u>	29	
Name of New Registered Agent			
(Florida street	,		
New Registered Office Address: (City)	Florida, Florida		
(Oily)	Lip couc	,	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the positi	ion.	
	. 3 ,,		

Signature of New Registered Agent, if changing

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:	ve, and Sal	ly Smith, S	SV as an Add.	
X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	S	_	ANA L PEREZ	9898 NW 26 ST
Add				DORAL, FL 33172
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional.	sheets, if necessary).	(Be specific)				
						
					<u> </u>	
		<u></u> -				
						
						
						-
		 				
						<u> </u>
				<u>_</u> _		
						
Y6	t manuidaa fan an an	ahanga maalagsi	fication or a	ncellation of	icenad charac	
nrovisions for it	t provides for an ex mplementing the an	nendment if not	contained in	the amendme	nt itself:	
(if not appli	cable, indicate N/A)	itemanie item in ince	tommer m	<u> </u>		
17						
						
						

The date of each amendment(s) adoption: 05/30/2014	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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)	
(voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_05/30/2014	
Signature X 1/2 Se fa flurament	
(By Adirector, president or other officer – if director) 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)	
JOSEFA HERNANDEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	