P20000041373

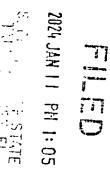
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CLE BUSINESS S	SOLUTIONS INC			
DOCUMENT NUN	B30000041333				
The enclosed Article	es of Amendment and fee are st	ibmitted for filing.			
Please return all cor	respondence concerning this ma	atter to the following:			
	CUONG LE				
		Name of Contact Perso	η		
	LE CPA INC				
		Firm/ Company			
	5379 LYONS RD #1690				
		Address			
	COCONUT CREEK, FL 330	073-2810			
		City/ State and Zip Cod	c		
for further informati CUONG LE	E-mail address: (to be us		notification)		
···	e of Contact Person	at (954)		
Nam	2 Of Contact Person	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	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ar Di	ailing Address nendment Section vision of Corporations D. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee			
Ta	llahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of

1	12	R	1818	2231	SOL	HTT	IONS	INC

2024 JAN / PM .

(Name of Corporation as currently filed with the Florida Dept. of State P20000041373 (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: LE CPA INC 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." N'A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NA(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 New Registered Office Address: (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. Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Attach additional sheets, if necessary). (Be sp.				
1/ /A	*			
<u>MA</u>				
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		······································		
an amendment provides for an exchange, re provisions for implementing the amendment				1
(if not applicable, indicate N/A)	TO THE CONTRACT		THE HOLLS	
V/A				
				
		 -	 	

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. Satly 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
I) Change		_		
Add				
Remove				
2) Change	•••	_		
Add				
Remove 3) Change		-		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change		_		
Add				
Remove				

	doption:	, if other than the
	01/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	"
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory fifing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the arufficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The follow, each voting group entitled to vote separately on the amendme	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
Dated <u>/2</u> Signature	29-2023	
(ByGre setecte	lirector, president or other officer = if directors or officers have d, by an incorporator = if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	not been other court
	CUONG LE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	