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(Red	questor's Name)	
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# COVER LETTER

LELLAS I SUBJECT:	LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANTONIO LELLA		
		Name of Person	
	LELLAS LLC		
	-	Firm/Company	
	2190 DISCOVER CIR W		
		Address	
	DEERFIELD BEACH FL	33442	
		City/State and Zip Code	_ <del></del> _
	antonio.lella001@gmail.co	m	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
ANTONIO LELLA		305 748-1129 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# STREET/COURIER ADDRESS:

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

# TO ARTICLES OF ORGANIZATION OF

### LELLAS LIMITED LIABILITY COMPANY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ity Company were filed on 08/26/2019	ınd
Florida document number L19000217289		
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of th	e limited liability company here:	
LELLAS LLC		
The new name must be distinguishable and contain the word	"Limited Liability Company," the designation "LLC" or the abbrevia	tion
Enter new principal offices address, if applicab	2:	107
(Principal office address MUST BE A STREET)	DDRESS)	ر <del></del>
		<u>-</u> کِــــ
		,
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BC	<u>x)</u>	· 
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the saddress here:	<u>nam</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	э Сос
	City Zi <sub>l</sub>	э Сос

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabil company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Age

#### or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Tyı
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(If an effective <u>Note:</u> If the	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earth day after the record is filed.
Dated 0	9/05/2019
-	Signature of a member or authorized representative of a member
_	Antonio Lella

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Filing Fee: \$25.00