## 105000072103

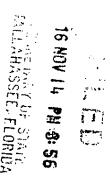
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## **COVER LETTER**

	Registration Sec Division of Corp			,
CUD IEC	LEGER EX	PORT, LLC		
SUBJEC	l:	Name of Limi	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		Pedro Leger		
			Name of Person	<del></del>
		LEGER EXPORT, LLC		
			Firm/Company	
		1560 NW 101ST AVENU	E	
			Address	
		PLANTATION, FL 33322		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	eation)
For further	er information co	ncerning this matter, please ca	all:	
Alex Had	che		954 701-0824	
-	Name of	Person	at ()	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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 P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGER EXPORT, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number \_\_\_\_\_L05000072103 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." **1560 NW 101ST AVENUE** Enter new principal offices address, if applicable: PLANTATION, FL 33322 (Principal office address MUST BE A STREET ADDRESS) **1560 NW 101ST AVENUE** Enter new mailing address, if applicable: PLANTATION, FL 33322 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HEIDY FATIMA DE LEGER	C/RESPALDO FANTINO FALCO	Add
		#5	☐ Remove
		SANTO DOMINGO, DR	□ Change
AMBR	ELVIN MOISES LEGER	C/RESPALDO MANGANAGUA	■ Add
		#9	☐ Remove
		SANTO DOMINGO, DR	
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			□ Remove
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ctive date, if other than the date of filing:	(optional) nore than 90 days after filing.) Pursuant to 605
e: If the date inserted in this block does not meet the applicable statutory fill ament's effective date on the Department of State's records.	ng requirements, this date will not be list
record specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	
ed September 22 2016	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00