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COVER LETTER

TO:

enn uez				
SUBJEC	~I; <u> </u>	Name of Lim	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		MARIA F DIAZ CPA LLO	:	
(additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: Registration Section				
		Agrical Scale of Corporations GIAN LLC Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: MARIA F DIAZ CPA LLC Name of Person MARIA F DIAZ CPA LLC Firm/Company 2250 NW 136 AVE SUITE 117 Address PEMBROKE PINES, FL 33028 City/State and Zip Code MDIAZ@MARIADIAZCPA_COM E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: 2 CPA LLC Name of Person Area Code Daytime Telephone Number eck for the following amount: g Fee S 30,00 Filing Fee & Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations Plos Box 6327 Clifton Building		
			Firm/Company	
		2250 NW 136 AVE SUIT	E 117	
			Address	
		PEMBROKE PINES, FL	. 33028	
	Division of Corporations LEGIAN LLC Name of Limited Liability Company Name of Limited Liability Company Name of Limited Liability Company MARIA F DIAZ CPA LLC Name of Person MARIA F DIAZ CPA LLC Finne Company 2250 NW 136 AVE SUITE 117 Address PEMBROKE PINES. FL 33028 City/State and Zip Code MDIAZ@MARIADIAZCPA.COM E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: IA F DIAZ CPA LLC Name of Person Area Code Area Code MDIAZ CPA LLC Seed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations			
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For furth	ier information c	oncerning this matter, please co	ili:	
MARIA	F DIAZ CPA LI		at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Division of Corporations				
□ \$ 25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registr Divisio P.O. Bo	ration Section on of Corporations ox 6327	Registration Section Division of Corpor Clifton Building	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on 02/27/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LEC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		—————————————————————————————————————
		<u>G</u>
		F CC
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		10: 4.7
B. If amending the registered agent and/or registered or registered or registered agent and/or the new registered office address he		er the name of the i
Name of New Registered Agent:	·	
	Futur Florida etenat addrage	
Name of New Registered Agent:	Enter Florida street address , Florida	

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.

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	VALENTINA BASILICATI	2901 NW 126 AVE APT 305.	
		SUNRISE, FL 33323	Remove
			Change
			Remove
			Change
			Remove
			☐ Change
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			☐ Remove
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Dated :	Leda Dr Meco		0.110.120.12		
	Signature of a member or authorized representative of a member	Dated .			
* Leda Dr Meco	Signature of a member or authorized representative of a member		* Leda Dr Meco		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00