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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations
SUBJECT: Leandro Alejo LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARCELA A Gentile de Rodriguez Name of Person
Leandro y Alejo LLC Film Company
19201 Collins Ave # 333
Sunny Isles Beach, 71 33160 City/State and Zip Code 190mo z & 9 @ hot mail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Issa Somes at 305, 909-9412 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. 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

Leandro y Alei (Name of the Limited	Liability Compa	any as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Liab	oility Company 역용기	were filed on 13 3t	$\frac{10013}{1000}$ and assi	gned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the following states \triangle		_		
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	ole:	lity Company," the designati	on "LLC" or the abbreviation "L.I	SECRETA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	U/A	0 PH	RY OF STATE
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter the name of	of the new
Name of New Registered Agent: New Registered Office Address:	U/A N/A	Enter Florida stre	et address	
	NA	City	, Florida Zin Code	
		~~ 7	_f ,	

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.

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
16R	Alejo Leonel Radriguez	19201 Collins Ave \$3 Sunny Isles Beach, 71	33160 Remove
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tive date, if other than the date of f fective date is listed, the date must be specific If the date inserted in this block does renent's effective date on the Department	and cannot be prior to da ot meet the applicable	ate of filing or more thar	90 days after filing.) Pur	
cord specifies a delayed effective 90th day after the record is file	e date, but not ar ed.	n effective time,	at 12:01 a.m. on t	the earlie
2/12/18				

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Filing Fee: \$25.00