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(Requ	estor's Name)
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(City/S	State/Zip/Phone #)
DICK-UP	WAIT MAIL
(Busin	less Entity Name)
(Docum	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ing Officer:

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SECRETARY OF STATE

2024 JUL 30 PM 12:3240 20 PK 12:51

COVER LETTER

Division of Corp	orations		
SUBJECT: Le	Secol Collaboration Same of Limit	ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Newal-5	FOCA16 / Name of Person	
	Leen Wo	YL-3 LLC Firm/Company	
	5780 ma	Jer Blug- Address	
	Orvido Fo	City/State and Zip Code	
	WEWALSSS E-mail address: (to	be used for future annual report notif	ication)
For further information co	ncerning this matter, please cal	II:	
Name of	Strockto," Person	at (<u>585)</u> <u>987</u> Area Code Daytime	2928 : Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leens world L	-6-	-		
1.Name of the Limited	Florida Limited Lia	as it now appears on c bility Company)	our records.)	
The Articles of Organization for this Limited Liab	oility Company w	rere filed on	6/15	and assigned
Florida document number <u>L 5000169</u> 7		,	/	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited ljabili	ty company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designa	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicab				21
(Principal office address MUST BE A STREET)		•		121; ,
				=
				(⊃
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				12:
			<u>-</u> .	<u>5</u>
B. If amending the registered agent and/or reg agent and/or the new registered office address: Name of New Registered Agent:	<u>here</u> :			
New Registered Office Address:	5780 ma	Flocity Florida su City	reet address	
	Chande	S FZ	, Florida <u> </u>) 8 9 Zip Code

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>	Name	Address	Type of Action
	Apel SHoaisi	5780 major Buntovanjo	□Add
		F2 32819	X Remove
			□Change
raangy	Newal-SHOUID		⊋ Add
	5780 major BLLDOraus	□Remove	
		FL 32819	□Change
			□Add
			□Remove
		□Change	
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		□Add	
			⊡Remove
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	·	□Add	
			□Remove
			□Change

		
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fan effecti <u>Sote:</u> If t	e date, if other than the date of filing:	605.0207 (3 listed as th
record sp d is filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day d.	after the
ated	7-301014	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	=

Filing Fee: \$25.00