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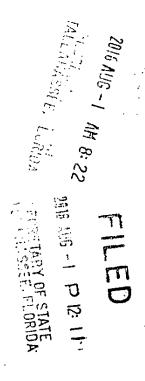
(F	Requestor's Name)	
(<i>F</i>	Address)	
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COVER LETTER

	ation Section 1 of Corporations				
SUBJECT:	Leblon, LLC				
Sobsect.	Name of Limited Liability Company				
The enclosed A	ticles of Amendment and fee(s) are submitted for filing.				
Please return a	correspondence concerning this matter to the following:				
	Alex Renaldo				
	Name of Person				
	Mr. Leblon, LLC				
Firm/Company					
	20 19 South Ocean Drive Apt 1205 E				
	Address				
	Hallandale Beach, FL 33009				
	City/State and Zip Code				
	alseranas59@yahoo.com				
	E-mail address: (to be used for future annual report notification)				
For further inf	mation concerning this matter, please call:				
All	Renaldo at (325) 775 0163 Name of Person Area Code Daytime Telephone Number				
	Name of Person Area Code Daytime Telephone Number				
Enclosed is a	eck for the following amount:				
■ \$25.00 Fil	g Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)	f Status & py			

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

Mr. Leblon, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L16000010408	Company were filed on 01/16/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADD	RESS)	220
		Mg n
		ST ST FLO
Enter new mailing address, if applicable:		ATE 1
(Mailing address MAY BE A POST OFFICE BOX)		>
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	City	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>	<u>Name</u>	Address	Type of Action
Mgr	Conde Cremona, Michel	2049 S.Ocean Dr Apt 1205E	
		Hallandale Bch FL 33009	■ Remove
			☐ Change
Mgr	Conde Cremona, Mitzy	2049 S. Ocean Dr Apt 1205 E	
		Hallandale Bch FL 33009	■ Remove
			☐ Change
			Add
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effective date is listed, the date e: If the date inserted in thi	must be specific and a block does not m	cannot be prior to da eet the applicable	ate of filing or more statutory filing r	than 90 days a	ifter filing this date	g.) Pursua e will no	int to 605.0. t be listed
ument's effective date on th	e Department of St	ate's records.	• •	•			
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Filing Fee: \$25.00