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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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# CAPITAL CONNECTION, INC

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Leciel LLC  Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Ficilitious Name File Ficilitious Name File Ficilitious Name File Art. of Amend. File Art. of Amend. File Art. of Amend. File Cent. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Owner Search Fictitious Owner Search Fictitious Owner Search Priving Record Vehicle Search Driving Record Requested by:  Name Date Time UCC 11 Search UCC 11 Search Walk-In Will Pick Up Courier				_		
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## **COVER LETTER**

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SUBJECT:		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
		JAFAR NOURI			
			Name of Person		
		LECIEL LLC			
		-	Firm/Company		
6515 COLLINS AVENUE		E, #1709		7	
			Address		- A
		MIAMI BEACH, FLORII	DA 33141		MAR 31 AM 9: 18
		•	City/State and Zip Code		玉
		NOURI@GMX.AT	to be used for future annual report notif		ي بي
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		oncerning ans mader, please c			
AVI J. LITW			786 276-6150 at ()	<del> </del>	
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:		]	
□ \$25.00 Fi	ling 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)	ı
		NG ADDRESS:	STREET/COURIE Registration Section		,

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LECIEL LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L17000035212	ompany were filed on FEBRUARY 15, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>. Jin</u> .
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	3
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		<u>ت</u> بي مي الم
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9 0
	•	<b>7</b> 20 0
B. If amending the registered agent and/or registregistered agent and/or the new registered office addresses Name of New Registered Agent:	ered office address on our records, ess here:	enter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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	LAMARR LLC	6515 COLLINS AVENUE, #1709	<b>=</b> Add
,		MIAMI BEACH, FLORIDA 33141	Remove
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