117000036550

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SEUGREPASSEE, FRORID

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COVER LETTER

TO:	Registration Sec Division of Cor		. ***	***
SUBJE	T. ATTENDED	ESTMENTS 2017	·	
SODJE	SCT:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		INGRID LEON		
			Name of Person	
		*1-172	Firm/Company	****
		1950 N. COMMERCE PK	WY STE I	
			Address	
		WESTON, FLORIDA 333	26	
			City/State and Zip Code	
		leoninvestments2017@gma		
		E-mail address: (to be used for future annual report notifi	leation)
For fur	ther information co	oncerning this matter, please ca	all:	
ELIZA	ABETH LEON		at () 2249383 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 Filing 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)

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

2017 APR 10 AM 11:03

MILLANASSEE, FLORIDA

LEON INVESTMENTS 2017 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	bility Company w	ere filed on FEBRO	JARY 13, 2017	_ and assigned	
Florida document number L17000036550	•				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabili	ty company here:			
•					
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the design	ation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered offi			r records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida s	Enter Florida street address		
			, Florida		
	,	City		Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this contains.	r and complete p tered agent as pr gistered office a	erformance of my ovided for in Chap	duties, and I am fan oter 605, F.S. Or, if	niliar with and this document is	

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	JOSE LEON	1950 N. COMMERCE PKWY	⊠ Add
		STE I	□ Remove
		WESTON FLORIDA 33326	Change
			Add
			□ Remove
		 	Change
			Change
			SST Remove
			Remove Change
			
			□ Remove
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fective date, if other than than effective date is listed, the date in ote: If the date inserted in this locument's effective date on the locument's	e date of filing: _ ust be specific and can block does not meet	the applicable stat	filing or more than 90 da utory filing requiremen	(optional) ys after filing.) Pursua its, this date will no	ant to 605.0207
record specifies a delaye The 90th day after the re	ed effective date cord is filed.	e, but not an ef	fective time, at 12	:01 a.m. on the	e earlier of
ted APRIL 03		017			
	North	>			
	110				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00