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(Re	questor's Name)	
(Ad	dress)	
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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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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 0.7 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LP Leal Estate Holding LCC
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:
Lablee tal M. Parame Cht,
IP heal Estate Holding LCC
2221 NE 164h Street, Suite 388
North Miami Beach, Fl 33160 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lahaleh Maranae 31, 707, 457-2625
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \$30.00 Filing Fee & Certificate of Status \$\times \$\text{Certified Copy}\$ (additional copy is enclosed) \$\times \$\text{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 OR ARTICLES OF OR ARTICLES OF OR ARTICLES OF OR	ORGANIZATION OF Solution CCC Interpretation of the second	SECRETARY OF STATE OF CORPORATIONS 18 MAY - 3 AM 6: 1
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	lity Company," the designation "LLC" or the abbre 100 SE and Street Scrife 2000 Miami, R 33/3 2221 NE 164 the	viation "L.L.C."
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		name of the new
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address, Florida 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ote: If the date inserted in this block does not meet	the applicable statuto	ry filing requirements,	this date will not be li	isted
ocument's effective date on the Department of State	's records.			
e record specifies a delayed effective date	but not an effec	tive time at 12:0)1 am on the ear	rliei
The 90th day after the record is filed.	, but not an enec	in a cirra, at 1210	,	
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ated $\frac{9/30}{1}$	2015.			
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Signature of a man	ber or authorized repres	entative of a member		
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Page 3 of 3

Filing Fee: \$25.00