## 118000125173

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(Address)				
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(Business Entity Name)				
(Document Number)				
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TALLAHASSEE FLORID

## **COVER LETTER**

TO: Registration Se Division of Cor						
	al Estate L.L.C.					
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Christopher Leon					
	Name of Person					
	Kaleon Real Estate L.L.C.					
		Firm/Company				
	7420 SW 107th Ave Apt 7	109				
	Address					
	Miami, FL 33173					
	City/State and Zip Code cleon@christopherleonllc.com					
	E-mail address: (	to be used for future annual report not	ification)			
For further information of	oncerning this matter, please ca	all:				
Christopher Leon		305 709-1400 at ()				
Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the	he following amount:					
□ \$25.00 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

Kaleon Real Estate L.L.C.					
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears of Liability Company)	n our records.)	<del></del>	
The Articles of Organization for this Limited I Florida document number 1.18000125173		were filed on May	18th 2018	and assigne	:d
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here	<b>:</b>		
Christopher Leon, L.L.C.					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."	19
Enter new principal offices address, if appli	cable:	N/A			
Principal office address MUST BE A STRE					
Enter new mailing address, if applicable:		N/A			
Mailing address MAY BE A POST OFFICE	EBOX)				
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			ur records, <u>ente</u>	er the name of t	the r
New Registered Office Address:	N/A			EIA,	٦
		Enter Florida	street address	10 P	7
		City	, Florida _	O Zip Cede	0
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		2:	

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>	<u>Address</u>	Type of Action
N/A	N/A		\_ \_ \_ \_ \_ \_ \dd
			Remove
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			☐ Remove
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			□ Remove
			Change

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Typed or printed name of signee

Filing Fee: \$25.00